

**Durable Medical Equipment, Oxygen & Oxygen Related Equipment  
Prosthetics, Orthotics, and Disposable Supplies  
Maryland Medicaid DMS/DME Program Approved List of Items**

I/C = Individual consideration\*\*  
PA=Prepayment authorization required  
Modifiers are used for equipment services

**APRIL 2018**

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
<b>MISCELLANEOUS SUPPLIES</b>								
A4206	Syringe w/needle 1cc each	Y/12mos		125 per 26 days	7/1/13		0.22	N
A4207	Syringe with needle, sterile 2 cc. Each	Y/12 mos		100 per mo	7/1/13		0.26	N
A4208	Syringe w/needle, 3cc	Y/12 mos		100 per mo	7/1/13		0.20	N
A4209	Syringe w/needle, 5cc or greater	Y/12 mos		100 per mo	7/1/13		0.96	N
A4210	Needle free injection device used for Narcan/Naloxone	Y/12 mos			11/1/14		6.26	N
A4212	Non-coring needle or stylet w/ or w/out catheter	Y/12 mos		100 per mo	7/1/13		0.96	
A4213	Syringe, sterile, 20 cc or greater	Y/12 mos		100 per mo	7/1/13		1.71	N
A4215	Needle, sterile, any size, each	Y/12 mos		100 per mo	7/1/13		0.04	N
A4216	Sterile Water, Saline and/or dextrose /flush, 10 ML	Y/12 mos		100 per mo	7/1/13		0.40	
A4217	Sterile Water/Saline, 500 ML	Y/12 mos		200 per mo	7/1/13		2.89	
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Y/12 mos		100 per mo	7/1/13		2.25	
A4221	Maint drug infus cath per wk (list drug separately)	Y/12 mos		2 per week	7/1/13		20.83	
A4222	Infusion supplies for external drug infusion pump, per cassette or bag	Y/12 mos		31 per mo	7/1/13		41.36	
A4223	Infusion supplies not used w/external infusion pump, per cassette or bag	Y/12 mos		70 per mo	7/1/13		7.22	
A4230	Infusion set for external insulin pump, nonneedle cannula type	Y/12 mos	Y	I/C	7/1/13		I/C	
A4231	Infusion set for external insulin pump, needle type	Y/12 mos	Y	I/C	7/1/13		I/C	
A4232	Syringe w/needle for external insulin pump, sterile 3cc (cartridge)	Y/12 mos		31 per mo	7/1/13		3.01	N
A4245	Alcohol Wipes, per box	Y/12 mos		5 bx/200 per box	7/1/13		2.07	N
A4246	Betadine or PhisoHex solution, per pint	Y/12 mos		5 per mo	7/1/13		3.56	N
A4247	Betadine or Iodine Swabs or Wipes, per box	Y/12 mos		10 bx per mo	7/1/13		5.00	N
A4250	Urine strips per 100	Y/12 mos		1 bx per mo	7/1/13		37.80	N
A4252	Blood Ketone Test Strips	Y/12 mos	Y	I/C	7/1/13		I/C	
A4253	Blood glucose/reagent strips	Y/12 mos		4 bx/50 per mo	7/1/13		29.30	
A4255	Platforms for home blood glucose monitor, 50 per box	Y/12 mos		1 bx/50 per mo	7/1/13		3.60	
A4256	Normal, low, and high calibrator solution/chips	Y/12 mos		1 bx per mo	7/1/13		8.27	
A4258	Lancet device each	Y/12 mos		1 every 6/mo	7/1/13		14.31	
A4259	Lancets per box	Y/12 mos		2 bx/100/ mo	7/1/13		8.59	
A4280	Brst prsths adhsv attchmnt	Y/12 mos		1bx/200/mo	7/1/13		4.77	
A4305	Disposable Drug Delivery Sys, flow rate of 50 ml or > per hr (elsm pmp)	Y/12 mos		60 per mo	7/1/13		16.54	
A4306	Disposable Drug Delivery Sys, flow rate of less than 50 mil per hour	Y/12 mos		60 per mo	7/1/13		23.10	
<b>INCONTINENCE APPLIANCES AND CARE SUPPLIES</b>								
A4310	Insertion tray w/o drainage bag and w/o catheter (accessories only)	Y/12 mos		30 per mo	7/1/13		6.57	
A4311	Catheter w/o bag 2-way latex	Y/12 mos		30 per mo	7/1/13		11.60	
A4312	Catheter w/o bag 2-way silicone	Y/12 mos		30 per mo	7/1/13		14.10	

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A4313	Catheter w/bag 3-way	Y/12 mos		30 per mo	7/1/13		14.49	
A4314	Cath w/drainage 2-way latex	Y/12 mos		30 per mo	7/1/13		19.78	
A4315	Cath w/drainage 2-way silicone	Y/12 mos		30 per mo	7/1/13		20.64	
A4316	Cath w/drainage 3-way	Y/12 mos		12 per mo	7/1/13		22.21	
A4320	Irrigation tray	Y/12 mos		31 per mo	7/1/13		4.90	
A4322	Irrigation syringe	Y/12 mos		25 per mo	7/1/13		2.81	
A4326	Male external catheter w/integral collection chamber, any type, each	Y/12 mos		30 per mo	7/1/13		9.93	
A4327	Fem urinary collect dev cup	Y/12 mos		3 per mo	7/1/13		38.90	
A4328	Fem urinary collect pouch	Y/12 mos		5 per mo	7/1/13		9.61	
A4330	Stool collection pouch	Y/12 mos		10 per mo	7/1/13		6.38	
A4331	External drainage tubing for urinary leg bag or urostomy, ea	Y/12 mos		15 per mo	7/1/13		2.93	
A4332	Lubricant, individual sterile packet, each	Y/12 mos		150 per mo	7/1/13		0.11	
A4333	Urinary catheter anchoring device, adhesive skin attachment, ea	Y/12 mos		1 per mo	7/1/13		2.03	
A4334	Urinary catheter anchoring device, leg strap, each	Y/12 mos		30 per mo	7/1/13		4.53	
A4335	Incontinence supply; miscellaneous	Y/12 mos	Y	I/C	7/1/13		I/C	
A4338	Indwelling catheter latex	Y/12 mos		30 per mo	7/1/13		9.72	
A4340	Indwelling catheter special	Y/12 mos		30 per mo	7/1/13		29.22	
A4344	Cath indw foley 2-way silicone	Y/12 mos		10 per mo	7/1/13		14.16	
A4346	Cath indw foley3-way	Y/12 mos		30 per mo	7/1/13		17.84	
A4349	Male external catheter, with or without adhesive, disposable, each	Y/12 mos		70 per mo	7/1/13		1.86	
A4351	Straight tip urine catheter	Y/12 mos		200per mo	7/1/13		1.67	
A4352	Coude tip urinary catheter	Y/12 mos		200 per mo	7/1/13		5.91	
A4353	Intermittent urinary catheter, with insertion supplies	Y/12 mos		200 per mo	7/1/13		6.43	
A4354	Cath insertion tray w/bag	Y/12 mos		1 per mo	7/1/13		9.38	
A4355	Bladder irrigation tubing	Y/12 mos		30 per mo	7/1/13		8.20	
<b>EXTERNAL URINARY SUPPLIES</b>								
A4356	Ext ureth clmp or compr dvc	Y/12 mos		5 per mo	7/1/13		41.15	
A4357	Bedside drainage bag	Y/12 mos		36 per mo	7/1/13		8.93	
A4358	Urinary leg bag	Y/12 mos		36 per mo	7/1/13		6.10	
A4361	Ostomy face plate, ea	Y/12 mos		5 per mo	7/1/13		14.37	
A4362	Solid skin barrier	Y/12 mos		5 per mo	7/1/13		3.19	
A4363	Ostomy Clamp, any type, replacement only	Y/12 mos		1 per mo	7/1/13		2.18	
A4364	Adhesive, liquid, or equal, any type, per ounce	Y/12 mos		10 oz. per mo	7/1/13		2.70	
A4366	Ostomy Vent, any type, each	Y/12 mos		1 per mo	7/1/13		1.20	
A4367	Ostomy belt	Y/12 mos		2 per yr	7/1/13		6.77	
A4368	Ostomy filter	Y/12 mos		30 mo	7/1/13		0.24	
A4369	Skin barrier liquid per oz	Y/12 mos		16 oz per mo	7/1/13		2.23	
A4371	Ostomy skin barrier, powder, per oz/	Y/12 mos		32 oz per mo	7/1/13		3.36	
A4372	Ostomy skin barrier, solid 4X4 or equivalent, standard wear, w/blt-in conv	Y/12 mos		30 per mo	7/1/13		3.86	
A4373	Ostomy skin barrier, w/flange (solid, flex or accord), w/blt-in convex, any size	Y/12 mos		30 per mo	7/1/13		5.77	
A4375	Drainabale plastic pch w fcpl	Y/12 mos		10 per mo	7/1/13		15.81	

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A4376	Drainage rubber pch w w fcpl	Y/12 mos		10 per mo	7/1/13		43.79	
A4377	Drainable plastic pouch w/o fp	Y/12 mos		30 per mo	7/1/13		3.95	
A4378	Drainable rubber pch w/o fp	Y/12 mos		10 per mo	7/1/13		28.30	
A4379	Urinary plastic pouch w fcpl	Y/12 mos		15 per mo	7/1/13		13.82	
A4380	Urinary plastic pouch w/o fp	Y/12 mos		10 per mo	7/1/13		34.36	
A4381	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	Y/12 mos		31 per mo	7/1/13		4.25	
A4382	Urinary hvy plstc pch w/o fp	Y/12 mos		1 per mo	7/1/13		22.65	
A4383	Urinary rubber pouch w/o fp	Y/12 mos		30 per mo	7/1/13		25.94	
A4384	Ostomy faceplt/silicone ring	Y/12 mos		5 per mo	7/1/13		8.85	
A4385	Ost skn barrier sld ext wear	Y/12 mos		20 per mo	7/1/13		4.69	
A4387	Ost clsd pouch w att st barr	Y/12 mos		60 per mo	7/1/13	I/C	I/C	
A4388	Drainable pch w ex wear barr	Y/12 mos		100 per mo	7/1/13		4.02	
A4389	Drainable pch w st wear barr	Y/12 mos		20 per mo	7/1/13		5.72	
A4390	Drainable pch ex wear convex	Y/12 mos		20 per mo	7/1/13		8.84	
A4391	Urinary pouch w ex wear barr	Y/12 mos		20 per mo	7/1/13		6.50	
A4392	Urinary pouch w st wear barr	Y/12 mos		20 per mo	7/1/13		7.53	
A4393	Urine pch w ex wear bar conv	Y/12 mos		20 per mo	7/1/13		8.32	
A4394	Ostomy deodorant, w/wo lubricant, for use in ostomy pouch, per fluid oz	Y/12 mos		16 oz per mo	7/1/13		2.38	
A4395	Ostomy pouch solid deodorant, per tablet	Y/12 mos		100 per mo	7/1/13		0.04	
A4396	Ostomy belt with peristomal hernia support	Y/12 mos		2 per mo	7/1/13		37.26	
A4397	Irrigation supply sleeve	Y/12 mos		40 per mo	7/1/13		4.40	
A4398	Ostomy irrigation bag	Y/12 mos		30 per mo	7/1/13		12.72	
A4399	Ostomy irrig cone/cath w brs	Y/12 mos		30 per mo	7/1/13		11.29	
A4400	Ostomy irrigation set	Y/12 mos		5 per mo	7/1/13		43.96	
A4402	Lubricant, per ounce	Y/12 mos		50 per mo	7/1/13		1.47	
A4404	Ostomy ring each	Y/12 mos		30 per mo	7/1/13		1.47	
A4405	Ostomy Skin Barrier, non-pectin base, paste, per ounce	Y/12 mos		6 oz. per mo	7/1/13		3.14	
A4406	Ostomy Skin Barrier, pectin-based, paste, per ounce	Y/12 mos		6 oz. Per mo	7/1/13		5.28	
A4407	Ostomy Skin Barrier, w/flange, w/built-in convexity, 4 X 4 or smaller	Y/12 mos		50 per mo	7/1/13		8.07	
A4408	Ostomy Skin Barrier, w/flange, w/built-in convexity, larger than 4 X 4 inches	Y/12 mos		50 per mo	7/1/13		9.08	
A4409	Ostomy Skin Barrier, w/flange, w/out built-in convexity, 4X4 or smaller	Y/12 mos		50 per mo	7/1/13		5.72	
A4410	Ostomy Skin Barrier, w/flange, w/out built-in convexity, lager than 4X4	Y/12 mos		50 per mo	7/1/13		8.32	
A4411	Ostomy Skin Barrier, solid 4x4 or equivalent, extended wear, w/convex, each	Y/12 mos		50 per mo	7/1/13		4.69	
A4412	Ostomy Pouch, Drainable, high output, for use on a barrier w/flange, w/o flt	Y/12 mos		50 per mo	7/1/13		2.49	
A4413	Ostomy pouch, drnble, high output, w/flng (2 ppc system) w/filter	Y/12 mos		50 per mo	7/1/13		5.07	
A4414	Ostomy Skin Barrier, w/flange, 4X4 inches or smaller	Y/12 mos		50 per mo	7/1/13		4.53	
A4415	Ostomy skin barrier w/flng, w/o convex, larger than 4X4 inches, each	Y/12 mos		50 per mo	7/1/13		5.52	
A4416	Ostomy pch clsd w/barrier/filtr	Y/12 mos		50 per mo	7/1/13		2.53	
A4417	Ostomy pch w/bar/bltinconv/flte	Y/12 mos		50 per mo	7/1/13		3.43	
A4418	Ostomy pch clsd w/o bar w/filtr	Y/12 mos		50 per mo	7/1/13		1.67	
A4419	Ostomy pch, clsd for bar w/flange/fltr	Y/12 mos		30 per mo	7/1/13		1.60	

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A4420	Ostomy pch elsd for bar w/lck/flng	Y/12 mos		I/C	7/1/13	I/C	I/C	
A4421	Ostomy supply; miscellaneous	Y/12 mos		PA over 300.00	7/1/13		249.90	N
A4422	Ostomy absorbent material (sheet/pad/crystal pkg) for use on ostmy pch	Y/12 mos		200 per mo	7/1/13		0.11	
A4423	Ostomy pch for bar w/lck flange/filtr	Y/12 mos		30 per mo	7/1/13		1.72	
A4424	Ostomy pch drainable/ w/ bar & filter	Y/12 mos		50 per mo	7/1/13		4.38	
A4425	Ostomy pch drainable for barrier w/non lk flng w/fltr 2 pc sys	Y/12 mos		50 per mo	7/1/13		3.30	
A4426	Ostomy pch drain; for bar w/lck flng 2 pc sys	Y/12 mos		50 per mo	7/1/13		2.52	
A4427	Ostomy pch drain; for bar w/lck flng, w/fltr 2 pc sys	Y/12 mos		50 per mo	7/1/13		2.56	
A4428	Ostomy pch, urinary, w/est wr bar atch, w/fct-tyt tap w/valv 1 pc	Y/12 mos		30 per mo	7/1/13		5.99	
A4429	Ostomy pch, urinary, w/bar atch, w/blt-in-convx, w/fct-tyt tap w/vlv 1 pc	Y/12 mos		50 per mo	7/1/13		7.59	
A4430	Ostomy pch, urinary, w/ext wr bar atch w/blt-in convx, w/fct-tyt tap 1 pc	Y/12 mos		60 per mo	7/1/13		7.84	
A4431	Ostomy pch urinary; w/bar atch, w/fct-type tap w/vlv 1 pc	Y/12 mos		30 per mo	7/1/13		5.72	
A4432	Ostomy pch, urinary; for use bar w/non-lck flng, w/fct-type tap w/vlv 2 pc	Y/12 mos		50 per mo	7/1/13		3.31	
A4433	Ostomy pch, urinary; for use on bar w/lck flng 2 pc	Y/12 mos		30 per mo	7/1/13		3.08	
A4434	Ostomy pch, urinary for use on bar w/lck flng, w/fct-type tap w.vlv 2 pc	Y/12 mos		30 per mo	7/1/13		3.46	
A4435	Ostomy pch, drainable, high output, w/ext wear barrier(1 pc system) w or w/o filter c	Y/12 mos		30 per mo	7/1/13		5.32	
<b>ADDITIONAL MISCELLANEOUS SUPPLIES</b>								
A4450	Tape, non-waterprof, per 18 square inches	Y/12 mos		400 per mo	7/1/13		0.07	
A4452	Tape, waterproof, per 18 square inches	Y/12 mos		400 per mo	7/1/13		0.33	
A4455	Adhesive remover per ounce	Y/12 mos		10 per mo	7/1/13		1.32	
A4456	Adhesive remover wipes, each	Y/12 mos		100 per mo	7/1/13		0.23	
<b>A4459</b>	<b>Man Pump-Operated Enema Sys, Incl Balloon, Catheter &amp; All Accessories, Re</b>	<b>Y/12 mos</b>		<b>I/C</b>	<b>1/1/17</b>		<b>I/C</b>	<b>Y</b>
A4463	Surgical dressing holder, reusable, each	Y/12 mos	Y	I/C	7/1/13		12.26	
A4481	Tracheostoma filter	Y/12 mos		30 mo	7/1/13		0.34	
A4483	Moisture exchange, disposable, for use w/invasive mech vent	Y/12 mos	Y	200 per mo	7/1/13	I/C	I/C	
A4490	Above Knee Length surgical stocking	Y/12 mos	Y	4 per yr	7/1/13	I/C	I/C	N
A4495	Thigh Length surgical stocking	Y/12 mos		4 per yr	7/1/13		60.90	N
A4500	Below Knee Length surgical stocking	Y/12 mos		4 per yr	7/1/13		49.65	N
A4510	Full Length surgical stocking	Y/12 mos	Y	4 per yr	7/1/13	I/C	I/C	N
A4520	Incontinence garment, any type, (e.g. brief, diaper), each	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	
A4554	Disposable underpads, med size (e.g., Chux's)	Y/12 mos		135 per mo/100 per mo	7/1/13		0.46	N
A4558	Conductive paste or gel, for use w/electrical device (e.g., TENS, NMES), per oz.	Y/12 mos		1 per mo	7/1/13		4.27	
A4565	Slings	Y/12 mos	Y	2 per yr	7/1/13	I/C	I/C	
A4570	Splint	Y/12 mos	Y	2 per yr	7/1/13	I/C	I/C	N
A4595	TENS suppl 2 lead per mo	Y/12 mos		2 per mo	7/1/13		26.52	
A4600	Sleeve for intermittent limb compression device, replacement only, each	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	
A4601	Lithium ion battery for non-prosthetic use, replacement	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	
A4604	Tubing with integrated heating element for use w/PAP device	Y/12 mos		1 per yr	7/1/13		52.99	
A4605	Tracheal Suction catheter, closed system, each	Y/12 mos		30 per mo	7/1/13		15.04	
A4606	Oxygen Probe for use with oximeter device,	Y/12 mos		5 per mo	7/1/13		24.86	
A4608	Transtrachael oxygen catheter, each	Y/12 mos		5 per mo	7/1/13		46.13	

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<b>SUPPLIES FOR OXYGEN AND RELATED RESPIRATORY EQUIPMENT</b>								
A4614	Peak expiratory flow rate meter, hand held	Y/12 mos		1 per mo	7/1/13		21.89	
A4615	Cannula, Nasal	Y/12 mos		10 per mo	7/1/13		0.66	
A4616	Tubing (oxygen), per foot	Y/12 mos		50 per mo	7/1/13		0.06	
A4619	Face tent	Y/12 mos		2 per mo	7/1/13		1.71	
A4620	Variable concentration mask	Y/12 mos		15 per mo	7/1/13		0.54	
A4623	Tracheostomy inner cannula	Y/12 mos		30 per mo	7/1/13		6.03	
A4624	Trach suction tubes	Y/12 mos		300 per mo	7/1/13		2.32	
A4625	Trach care kit for new trach	Y/12 mos		4 per mo	7/1/13		6.38	
A4626	Tracheostomy cleaning brush	Y/12 mos		1 per mo	7/1/13		2.94	
A4627	Spacer, bag or reservoir for inhaler	Y/12 mos		4 per mo	7/1/13		30.61	N
A4628	Oropharyngeal suction cath	Y/12 mos		20 per mo	7/1/13		3.44	
A4629	Tracheostomy care kit	Y/12 mos		60 per mo	7/1/13		4.27	
<b>SUPPLIES FOR OTHER DURABLE MEDICAL EQUIPMENT</b>								
A4630	Repl batteries t.e.n.s. owned by pt	Y/12 mos		2 per mo	7/1/13		5.24	
A4635	Underarm crutch pad	Y/12 mos		6 per yr	7/1/13		4.71	
A4636	Handgrip for cane etc	Y/12 mos		10 per yr	7/1/13		2.97	
A4637	Repl tip cane/crutch/walker	Y/12 mos		2/bx per yr	7/1/13		1.70	
A4640	Replacement pad for use with medically necessary alternate pressure pad owned by pa	Y/12 mos		1 per yr	7/1/13		49.53	
A4657	Syringe, with or without needle, each	Y/12 mos		100 per mo	7/1/13		0.83	
A4660	Blood Pressure Apparatus w/cuff and stethoscope	Y/12 mos		1 every 2 yrs	7/1/13		31.61	
A4663	Blood Pressure Cuff	Y/12 mos		1 every 2 yrs	7/1/13		11.40	
A4670	Automatic Blood pressure monitor	Y/12 mos		1 every 3 yrs	7/1/13		47.36	
A4927	Gloves, non-sterile (100 per box)	Y/12 mos		5 bx mo	7/1/13		4.60	N
A4930	Gloves, sterile, per pair	Y/12 mos		200 per mo	7/1/13		0.50	N
A4931	Oral thermometer, reusable, any type, each	Y/12 mos		1 per yr	7/1/13		7.12	
A4932	Rectal thermometer, reusable, any type, each	Y/12 mos		1 per yr	7/1/13		8.05	N
<b>ADDITIONAL OSTOMY SUPPLIES</b>								
A5051	Pouch clsd w barr attached	Y/12 mos		60 per mo	7/1/13		1.90	
A5052	Clsd ostomy pouch w/o barr	Y/12 mos		100 per mo	7/1/13		1.37	
A5053	Closed ostomy pouch faceplate	Y/12 mos		30 per mo	7/1/13		1.60	
A5054	Closed ostomy pouch w/flange	Y/12 mos		100 per mo	7/1/13		1.66	
A5055	Stoma cap	Y/12 mos		31 per mo	7/1/13		1.33	
A5061	Pouch drainable w barrier at	Y/12 mos		60 per mo	7/1/13		3.25	
A5062	Ostomy pouch, drainable; w/o barrier attached (one piece) ea	Y/12 mos		100 per mo	7/1/13		1.92	
A5063	Drain ostomy pouch w/flange	Y/12 mos		100 per mo	7/1/13		2.49	
A5071	Urinary pouch w/barrier	Y/12 mos		100 per mo	7/1/13		5.53	
A5072	Urinary pouch w/o barrier	Y/12 mos		100 per mo	7/1/13		3.25	
A5073	Urinary pouch on barr w/flng	Y/12 mos		100 per mo	7/1/13		2.93	
A5081	Continent stoma plug	Y/12 mos		30 per mo	7/1/13		3.04	
A5082	Continent stoma catheter	Y/12 mos		30 per mo	7/1/13		10.94	

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A5093	Ostomy accessory convex inse	Y/12 mos		20 per mo	7/1/13		1.80	
<b>ADDITIONAL INCONTINENCE APPLIANCES/SUPPLIES</b>								
A5102	Bedside drain btl w/wo tine	Y/12 mos		5 per mo	7/1/13		20.78	
A5105	Urinary suspensory, with or without leg bag, with or without tube, each	Y/12 mos		5 per mo	7/1/13		37.52	
A5112	Urinary leg bag	Y/12 mos		10 per mo	7/1/13		31.86	
A5113	Latex leg strap	Y/12 mos		1 per mo	7/1/13		4.34	
A5114	Leg strap; foam or fabric, replacement only, per set	Y/12 mos		1 per mo	7/1/13		8.24	
<b>SUPPLIES FOR EITHER INCONTINENCE OR OSTOMY APPLIANCES</b>								
A5120	Skin Barrier, wipes or swabs, each	Y/12 mos		250 per mo	7/1/13		0.23	
A5121	Solid skin barrier 6X6	Y/12 mos		60 per mo	7/1/13		6.86	
A5122	Solid skin barrier 8X8	Y/12 mos		36 per mo	7/1/13		10.25	
A5126	Disk/foam pad or adhesive	Y/12 mos		100 per mo	7/1/13		1.22	
A5131	Appliance cleaner	Y/12 mos		2 per mo	7/1/13		14.59	
A5200	Percutaneous catheter anchor	Y/12 mos		10 per mo	7/1/13		10.39	
<b>DIABETIC SHOES, FITTING, AND MODIFICATIONS</b>								
A5500	Diabetic shoe for density insert, per shoe			2 per yr	7/1/13		58.51	
A5501	Diabetic custom molded shoe, per shoe			2 per yr	7/1/13		87.76	
A5503	Diabetic shoe w/roller/rocker, per shoe			2 per yr	7/1/13		28.51	
A5504	Diabetic shoe with wedge			2 per yr	7/1/13		28.51	
A5505	Diabetic shoe w/metatarsal bar			2 per yr	7/1/13		28.51	
A5506	Diabetic shoe w/offset heel			2 per yr	7/1/13		28.51	
A5507	Modification in diabetic shoe			2 per yr	7/1/13		28.51	
A5508	Diabetic delux feature of off-the shelf depth inlay shoe or custom mld shoe		Y	2 per yr	7/1/13		I/C	
A5510	Drct formed, cmprss mold to pt's ft w/o ext, inserts, prefab, per sh, diabet		Y	2 per yr	7/1/13		I/C	
A5512	Multiple density insert, for diabetics only, direct formed, molded to foot	Y/12 mos		2 per yr	7/1/13		23.87	
A5513	Multiple density insert, for diabetics only, custom molded from model of foot	Y/12 mos		2 per yr	7/1/13		35.62	
<b>DRESSINGS, COMPRESSION GARMENTS, NEBULIZERS, PAP AND TRACH SUPPLIES</b>								
A6010	Collagen based wound filler, dry form, per gram of collagen	Y/12 mos		5 per mo	7/1/13		28.50	
A6011	Collagen based wound filler, gel/paste per gram of collagen	Y/3 mos		30 per mo	7/1/13		2.10	
A6021	Collagen drsg. Size 16 sq inches or less, each	Y/3 mos		30 per mo	7/1/13		19.35	
A6022	Collagen drsg. more than 16 sq in but less than or equal to 48 sq inches, each	Y/3 mos		10 per mo	7/1/13		19.35	
A6023	Collagen drsg. more than 48 sq inches, each	Y/3 mos		10 per mo	7/1/13		175.14	
A6024	Collagen drsg. Wound filler, per 6 in	Y/3 mos		108 per mo	7/1/13		5.70	
A6025	Silicone gel sheet, each	Y/12 mos	Y	I/C	7/1/13		I/C	N
A6154	Wound pouch each	Y/3 mos		20 per mo	7/1/13		12.83	
A6196	Alginate dressing <= 16 sq in	Y/3 mos		40 per mo	7/1/13		6.77	
A6197	Alginate drsg > 16 <= 48 sq in	Y/3 mos		20 per mo	7/1/13		15.12	
A6198	Alginate or other fiber gelling dressing, wound cover, > 48 sq.in, each drs	Y/12 mos	Y	I/C	7/1/13		I/C	
A6199	Alginate drsg would filler	Y/3 mos		50 per mo	7/1/13		4.86	
A6201	Compos drsg > 16 < = 48 no bdr	Y/3 mos		30 per mo	7/1/13		17.33	
A6202	Compos drsg > 48 no border	Y/3 mos		30 per mo	7/1/13		29.06	

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A6203	Composite drsg <= 16 sq in	Y/3 mos		200 per mo	7/1/13		3.09	
A6204	Composite drsg > 16 <= 48 sq in	Y/6 mos		60 per mo	7/1/13		5.73	
A6205	Composite dressing, > 48 sq.in., w/any size adh border, calhc dressing	Y/12 mos	Y	I/C	7/1/13		I/C	
A6206	Contact layer, 16 sq. in. or less, each dressing	Y/12 mos	Y	I/C	7/1/13		I/C	
A6207	Contact layer > 16=16 sq in w/o bdr	Y/6 mos		200 per mo	7/1/13		6.75	
A6208	Contact layer, > 48 sq. in., each dressing	Y/12 mos	Y	I/C	7/1/13		I/C	
A6209	Foam drsg <=16 sq in w/o bdr	Y/6 mos		100 per mo	7/1/13		6.88	
A6210	Foam drsg > 16 < 48 sq in w/o bdr	Y/6 mos		150 per mo	7/1/13		18.33	
A6211	Foam drg > 48 sq in w/o brdr	Y/6 mos		100 per mo	7/1/13		27.03	
A6212	Foam drg <= 16 sq in w/border	Y/6 mos		60 per mo	7/1/13		8.93	
A6213	Foam dressing, wound cover, pad >16 sq. but less than 48 sq. in w/ adh brd	Y/12 mos	Y	I/C	7/1/13		I/C	
A6214	Foam drg > 48 sq in w/border	Y/6 mos		60 per mo	7/1/13		9.47	
A6215	Foam dressing, wound filler, per gram	Y/12 mos	Y	I/C	7/1/13		I/C	
A6216	Non-steril gauze <= 16 sq in	Y/6 mos		200 per mo	7/1/13		0.04	
A6217	Gauze, non-impregn, non-steril, > 16 sq.in., < or = to 48 sq.in, w/o adh brdr	Y/12 mos	Y	I/C	7/1/13		I/C	
A6218	Gauze, non-impregn, non-steril, > 48 sq. in., w/o adhesive border, each drs	Y/12 mos	Y	I/C	7/1/13		I/C	
A6219	Gauze <= 16 sq in w/border	Y/6 mos		200 per mo	7/1/13		0.88	
A6220	Gauze > 16 <= 48 sq in w/border	Y/6 mos		100 per mo	7/1/13		2.38	
A6221	Gauze, non-impregn, > 48 sq. in., w/any size adh border, each dressing	Y/12 mos	Y	I/C	7/1/13		I/C	
A6222	Gauze <= 16 in No w/sal w/o b	Y/6 mos		150 per mo	7/1/13		1.96	
A6223	Gauze > 16 <= 48 no w/sal w/o b	Y/6 mos		100 per mo	7/1/13		2.23	
A6224	Gauze > 48 in no w/sal w/o b	Y/6 mos		60 per mo	7/1/13		3.32	
A6228	Gauze, impregnated, water or normal saline, 16 sq. in. or less, w/o adh	Y/12 mos	Y	I/C	7/1/13		I/C	
A6229	Gauze > 16 <= 48 sq in watr/sal	Y/6 mos		60 per mo	7/1/13		3.32	
A6230	Gauze, impreg, water or normal saline, > 48 sq. in., w/o adh border	Y/12 mos	Y	I/C	7/1/13		I/C	
A6231	Gauze, hydrogel, 16 sq in. or less, each	Y/6 mos		30 per mo	7/1/13		4.29	
A6232	Gauze, impreg, hydrogel, for direct wound contact, >16 sq. in,	Y/12 mos		15 per mo	7/1/13		6.32	
A6233	Gauze, hydrogel, more than 48 sq inches, each	Y/6 mos		15 per mo	7/1/13		17.65	
A6234	Hydrocolld drg <= 16 w/o bdr	Y/3 mos		50 per mo	7/1/13		6.02	
A6235	Hydrocolld drg > 16 <= 48 w/o bdr	Y/3 mos		40 per mo	7/1/13		15.47	
A6236	Hydrocolld drg > 48 in w/o b	Y/3 mos		40 per mo	7/1/13		25.08	
A6237	Hydrocolld drg <= 16 in w/bdr	Y/3 mos		40 per mo	7/1/13		7.28	
A6238	Hydrocolld drg >16 <= 48 w/bdr	Y/3 mos		40 per mo	7/1/13		20.81	
A6239	Hydrocolloid drssng, wound cover, pad > 48 sq. in., w/any sz adh brdr	Y/12 mos	Y	I/C	7/1/13		I/C	
A6240	Hydrocolld drg filler paste	Y/3 mos		4/per 3 fluid oz	7/1/13		11.27	
A6241	Hydrocolloid drg filler dry	Y/3 mos		4/per 3 fluid oz	7/1/13		2.36	
A6242	Hydrogel drg <= 16 in w/o bdr	Y/6 mos		30 per mo	7/1/13		5.58	
A6243	Hydrogel drg > 16 <= 48 w/o bdr	Y/6 mos		40 per mo	7/1/13		11.34	
A6244	Hydrogel drg > 48 in w/o bdr	Y/6 mos		40 per mo	7/1/13		36.15	
A6245	Hydrogel drg <= 16 in w/bdr	Y/6 mos		25 per mo	7/1/13		6.68	
A6246	Hydrogel drg > 16 <= 48 in w/b	Y/6 mos		25 per mo	7/1/13		9.14	

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A6247	Hydrogel drg > 48 sq in w/b	Y/6 mos		25 per mo	7/1/13		21.89	
A6248	Hydrogel drsg gel filler, per ounce	Y/6 mos		4 per mo	7/1/13		14.94	
A6250	Skin sealant, protectants, moisturizers, ointment, any type, any size	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	
A6251	Absorpt drg <= 16 sq in w/o b	Y/6 mos		250 per mo	7/1/13		1.84	
A6252	Absorpt drg > 16 <48 w/o bdr	Y/6 mos		100 per mo	7/1/13		2.99	
A6253	Absorot drg > 48 sq in w/o b	Y/6 mos		100 per mo	7/1/13		5.83	
A6254	Absorpt drg <= 16 sq in w/bdr	Y/6 mos		200 per mo	7/1/13		1.11	
A6255	Absorpt drg > 16 <+ 48 in w/bdr	Y/6 mos		200 per mo	7/1/13		2.80	
A6256	Specialty absorptv drssng, wound cover, > 48 sq. in., w/any sz.brdr, each	Y/12 mos	Y	I/C	7/1/13		I/C	
A6257	Transparent film <= 16 sq ub	Y/6 mos		200 per mo	7/1/13		1.41	
A6258	Transparent film > 16<= 48 in	Y/12 mos		200 per mo	7/1/13		3.97	
A6259	Transparent film > 48 sq in	Y/12 mos		40 per mo	7/1/13		10.07	
A6260	Wound cleaners, any type, any size	Y/12 mos	Y	I/C	7/1/13		I/C	N
A6262	Wound filler, dry form, per gram, not otherwise classified	Y/12 mos	Y	I/C	7/1/13		I/C	
A6266	Impreg gauze no h20/sak/yard	Y/12 mos		200 per mo	7/1/13		1.78	
A6402	Sterile gauze <= 16 sq in	Y/12 mos		500 per mo	7/1/13		0.11	N
A6403	Sterile gauze > 16 <= 48 sq in	Y/12 mos		500 per mo	7/1/13		0.39	
A6404	Gauze, non-impregnated pad sz more than 48 sq. in., w/o adh border, ea	Y/12 mos		250 per mo	7/1/13		0.57	
A6407	Packing strips, non-impreg	Y/12 mos		200 per mo	7/1/13		1.73	
A6410	Eye pad, sterile	Y/12 mos		200 per mo	7/1/13		0.36	
A6411	Eye pad, non-sterile	Y/12 mos		200 per mo	7/1/13		0.13	
A6412	Eye Patch, occlusive	Y/12 mos		5 per mo	7/1/13		1.86	N
A6441	Padding bandage w>=3" <5"/yd	Y/12 mos		200 per mo	7/1/13		0.62	
A6442	Conforming band n/s w<3"/yd	Y/12 mos		200 per mo	7/1/13		0.15	
A6443	Conforming band n/s w>3"<5"/yd	Y/12 mos		200 per mo	7/1/13		0.26	
A6444	Conform band n/s w>=5"/yd	Y/12 mos		200 per mo	7/1/13		0.51	
A6445	Conform band s w <3"/yd	Y/12 mos		200 per mo	7/1/13		0.30	
A6446	Conform band s w>=3" <5"/y	Y/12 mos		120 per mo	7/1/13		0.37	
A6447	Conform band s w >5:/yd	Y/12 mos		50 per mo	7/1/13		0.62	
A6448	Light compress band <3"/yd	Y/12 mos		50 per mo	7/1/13		1.07	
A6449	Light compress band >=3" <5"/yd	Y/12 mos		50 per mo	7/1/13		1.62	
A6450	Light compress band >=5"/y	Y/12 mos	Y	I/C	7/1/13		I/C	
A6451	Moderate compress band w>=3"<5"/yd	Y/12 mos	Y	I/C	7/1/13		I/C	
A6452	High compress band w>=5"/yd	Y/12 mos		50 per mo	7/1/13		5.44	
A6453	Self-adherent band w<3"/yd	Y/12 mos		50 per mo	7/1/13		0.57	
A6454	Self-adherent band w>=3" <5"/yd	Y/12 mos		50 per mo	7/1/13		0.71	
A6455	Self-adherent band >=5"/yd	Y/12 mos		50 per mo	7/1/13		1.28	
A6456	Zinc paste bandage w >=3"<5"/yd	Y/12 mos		50 per mo	7/1/13		1.17	
A6457	Tublar Dressing with or without elastic, any wdth, per linear yard	Y/12 mos		30 per mo	7/1/13		1.05	
A6501	Compression Burn Garment Body Suit	Y/12 mos	Y	I/C	7/1/13		I/C	
A6502	Compression Burn Garment Chin Strap, custom fabricated	Y/12 mos	Y	I/C	7/1/13		I/C	



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A6503	Compression Burn Garment Facial hood, custom fabricated	Y/12 mos	Y	I/C	7/1/13		I/C	
A6504	Compression Burn Garment Glove to wrist, custom fabricated	Y/6 mos		4 per yr	7/1/13		94.53	
A6505	Compression burn garment, glove to elbow, custom fabricated	Y/6 mos		4 per yr	7/1/13		160.64	
A6506	Compression Burn Garment Glove to axilla, custom fabricated	Y/6 mos	Y	I/C	7/1/13		I/C	
A6507	Compression Burn Garment foot to knee length, custom fabricated	Y/6 mos	Y	I/C	7/1/13		I/C	
A6508	Compression Burn Garment foot to thigh length, custom fabricated	Y/6 mos	Y	I/C	7/1/13		I/C	
A6509	Comprss Burn Garmnts upper trunk to waist incld arm opns (leotard) cf	Y/6 mos		2 per yr	7/1/13		207.58	
A6510	Comprss Burn Garmnts, trunk, incld arms down to leg opns (leotard) cf	Y/6 mos	Y	I/C	7/1/13		I/C	
A6511	Comprss Burn Garmnts, lower trnk incld leg opngs (panty) custom fab	Y/6 mos	Y	I/C	7/1/13		I/C	
A6512	Comprss Burn Garmnt, not other wise classified	Y/6 mos	Y	I/C	7/1/13		I/C	
A6512	Slant inserts	Y/6 mos	Y	8 per yr	7/1/13		21.45	
A6512	Zippers	Y/6 mos	Y	8 per yr	7/1/13		28.82	
A6512	Silicones	Y/6 mos	Y	8 per yr	7/1/13		4.64	
A6512	Web inserts	Y/6 mos	Y	4 per yr	7/1/13		70.81	
A6513	Compress Burn Mask, face and/or neck, plastic or equal, custom fabricated	Y/6 mos	Y	I/C	7/1/13		I/C	
A6530	Gradient compression Stocking, below knee, 18-30 mmhg, each	Y/6 mos		4 per yr	7/1/13		64.56	N
A6531	Gradient compression Stocking, below knee, 30-40 mmhg, each	Y/6 mos		4 per yr	7/1/13		39.81	
A6532	Gradient Compression Stocking, below knee, 40-50 mmhg, each	Y/6 mos		4 per yr	7/1/13		56.10	
A6533	Gradient compression Stocking, Thigh Length, 18-30 mmhg, each	Y/6 mos		4 per yr	7/1/13		100.38	N
A6534	Gradient compression Stocking, Thigh Length, 30-40 mmhg, each	Y/6 mos		4 per yr	7/1/13		112.87	N
A6535	Gradient compression Stocking, Thigh Length, 40-50 mmhg, each	Y/6 mos		4 per yr	7/1/13		131.25	N
A6536	Gradient compression Stocking, Full Length/Chap style, 18-30 mmch, each	Y/6 mos		4 per yr	7/1/13		105.79	N
A6537	Gradient compression Stocking, Full Length/Chap style, 30-40 mmch, each	Y/6 mos		4 per yr	7/1/13		105.79	N
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, ea	Y/6 mos		4 per yr	7/1/13		89.55	N
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	Y/6 mos		4 per yr	7/1/13		155.95	N
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	Y/6 mos		4 per yr	7/1/13		183.26	N
A6541	Gradient compression stocking, waist length 40-50 mmhg, each	Y/6 mos	Y	I/C	7/1/13		I/C	N
A6543	Gradient compression stocking, lymphedema	Y/6 mos	Y	I/C	7/1/13		I/C	N
A6544	Gradient compression stocking, Garter Belt	Y/6 mos	Y	I/C	7/1/13		I/C	N
A6549	Gradient compression stocking, Not otherwise specified	Y/6 mos	Y	I/C	7/1/13		I/C	N
A6550	Wound Care set, for negative pressure wound therapy elec pump, all supplies	Y/6 mos		57 per mo	7/1/13		21.76	
A7000	Disposable canister for pump	Y/6 mos		15 per mo	7/1/13		6.74	
A7001	Nondisposable pump canister	Y/6 mos		2 per mo	7/1/13		30.44	
A7002	Tubing used w suction pump	Y/6 mos		10 per mo	7/1/13		3.53	
A7003	Nebulizer administration set	Y/6 mos		5 per mo	7/1/13		2.14	
A7004	Disposable nebulizer sml vol	Y/6 mos		12 per mo	7/1/13		1.67	
A7005	Nondisposable nebulizer set	Y/6 mos		2 per yr	7/1/13		28.37	
A7006	Filtered nebulizer admin set	Y/6 mos		12 per mo	7/1/13		8.78	
A7007	Lg vol nebulizer disposable	Y/6 mos		12 per mo	7/1/13		4.25	
A7008	Disposable nebulizer prefill	Y/6 mos		20 per mo	7/1/13		10.12	
A7009	Nebulizer reservoir bottle	Y/6 mos		2 per mo	7/1/13		38.69	

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A7010	Disposable corrugated tubing	Y/6 mos		2 per mo	7/1/13		21.71	
A7012	Nebulizer water collec devic	Y/12 mos		15 per mo	7/1/13		2.97	
A7013	Disposable compressor filter	Y/6 mos		30 per mo	7/1/13		0.77	
A7014	Compressor nondispos filter	Y/6 mos		12 per yr	7/1/13		4.13	
A7015	Aerosol mask used w nebulize	Y/6 mos		2 per mo	7/1/13		1.50	
A7016	Nebulizer dome & mouthpiece	Y/6 mos		2 per mo	7/1/13		6.66	
A7017	Nebulizer not used w oxygen	Y/6 mos		PRN	7/1/13		123.35	
A7018	Water, distilled, nebulizer, 1000 ml	Y/6 mos		10 per mo	7/1/13		0.35	
A7025	High freqcy chest wall osc sys vest, replcmnt for use w/patien owned eq	Y/6 mos		1 every 2 yrs	7/1/13		400.28	
A7026	High freqcy chest wall osc sys hose, replcmnt for use w/patient own eqp	Y/6 mos		1 every 2 yrs	7/1/13		26.46	
A7027	Combination oral/nasal mask, used w/CPAP device, each	Y/ 6mos	Y	1 per 3 mos	7/1/13		165.06	
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Y/ 6mos		2 per mo	7/1/13		45.60	
A7029	Nasal pillows for combination oral/nasal mask, replacement only, each	Y/ 6mos	Y	2 per mo	7/1/13		18.62	
A7030	Full face mask used with PAP device (includes all supplies i.e pillows, cushions)	Y/6 mos		1 per 3 mos	7/1/13		149.63	
A7031	Face mask interface, replacement for full face mask	Y/6 mos		1 per mo	7/1/13		55.34	
A7032	Cushion for use on Nasal Mask interface, replacement only, each	Y/ 12mos		2 per mo	7/1/13		32.15	
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Y/12 mos		2 per mo	7/1/13		22.53	
A7034	Nasal intrfc (mask or cannula type) used w/PAP device, w/wo headstraps	Y/6 mos		1 per 3 mos	7/1/13		93.30	
A7035	Headgear used with positive airway pressure device	Y/6 mos		1 per 6 mos	7/1/13		31.52	
A7036	Chinstrap used with positive airway pressure device	Y/12 mos		1 per 6 mos	7/1/13		12.26	
A7037	Tubing used with positive airway pressure device	Y/6 mos		1 per 3 mos	7/1/13		32.42	
A7038	Filter, disposable, used with positive airway pressure device	Y/6 mos		2 per mo	7/1/13		3.64	
A7039	Filter, non disposable, used with positive airway pressure device	Y/12 mos		1 per 6 mos	7/1/13		11.09	
A7040	One way chest drain valve	Y/12 mos		2 per mo	7/1/13		36.33	
A7041	Water seal drainage containter and tubing for implanted chest tube	Y/12 mos		2 per mo	7/1/13		68.28	
A7044	Oral interface used with positive airway pressure device, each	Y/6 mos		2 per yr	7/1/13		95.91	
A7045	Exhalation port w/or w/out swiver used w/accessories for pos airway device	Y/6 mos		PRN	7/1/13		15.44	
A7046	Water chamber for humidifier, used with pap device, replacement, each	Y/6 mos		1 per 6 mos	7/1/13		15.47	
A7048	Vacuum drainage coll unit & tubing kit, incl all supplies needed for collection unit cha	Y/6 mos		I/C	12/15/17		I/C	
A7501	Tracheostoma valve, including diaphragm, each	Y/6 mos		1 per yr	7/1/13		96.65	
A7502	Replacement diaphragm/faceplate for treacheostoma valve, each	Y/6 mos		1 per yr	7/1/13		45.94	
A7503	Filter holder, cap reuseable, tracheostoma, each	Y/12 mos		10 per yr	7/1/13		10.44	
A7504	Filter, tracheostoma, heat and moisture exc, each	Y/12 mos		30 per mo	7/1/13		0.62	
A7505	Housing, reuseable without adhesive, tracheostoma, each	Y/6 mos		100 per mo	7/1/13		4.31	
A7506	Adhesive disc, tracheostoma valve, any type, each	Y/6 mos		30 per mo	7/1/13		0.31	
A7507	Filter holder and filter without adhesive, tracheostoma, each	Y/6 mos		30 per mo	7/1/13		2.29	
A7508	Housing with adhesive, tracheostoma, each	Y/6 mos		30 per mo	7/1/13		2.64	
A7509	Filter holder with filter, adhesive, tracheostoma, each	Y/6 mos		30 per mo	7/1/13		1.30	
A7520	Trach/laryng tube, non-cuffed, (pvc), silicon or equal, each	Y/12 mos		10 per mo	7/1/13		43.70	
A7521	Trach/laryng tube, cuffed, (pvc), silicone or equal, each	Y/12 mos		10 per mo	7/1/13		43.29	
A7522	Tracheostomy/laryng tube, stainless steel or equal (sterlizable or reusable)	Y/12 mos		10 per mo	7/1/13		41.57	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
A7523	Tracheostomy shower protector, each	Y/12 mos		3 per mo	7/1/13		0.75	
A7524	Tracheostomy stent/stud/button, each	Y/12 mos		3 per yr	7/1/13		71.24	
A7525	Tracheostomy mask, each	Y/12 mos		5 per mo	7/1/13		1.90	
A7526	Tracheostomy tube collar/holder, each	Y/12 mos		31per mo	7/1/13		3.10	
A7527	Tracheostomy/laryng. tube plug/stop, each	Y/12 mos		10 per mo	7/1/13		3.30	
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories			1 every 3 yrs	7/1/13	14.11	141.13	N
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories			1 every 3 yrs	7/1/13	14.11	141.13	N
A8002	Helmet, protective, soft, custom fabricated, inc. all components and accessories		Y	1 every 3 yrs	7/1/13		I/C	N
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories		Y	1 every 3 yrs	7/1/13		I/C	N
A8004	Soft, interface for helmet, replacement only		Y	1 every 3 yrs	7/1/13		I/C	N
A9275	Home Glucose Disposable Monitor, Includes test strips	Y/12 mos	Y	I/C	7/1/13		I/C	N
<b>A9276</b>	<b>Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose m</b>		Y		<b>10/1/16</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
<b>A9277</b>	<b>Transmitter; external, for use with interstitial continuous glucose monitoring system</b>		Y		<b>10/1/16</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
<b>A9278</b>	<b>Reciever(monitor); external, for use with interstitial continuous glucose monitoring system</b>		Y		<b>10/1/16</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
A9279	Monitoring/feature/device, stand-alone or intergrated, any type, inc. accessories		Y	I/C	7/1/13		I/C	N
A9284	Spirometer, manual- including accessories	Y/12 mos		1 per yr	4/1/15		2.73	N
A9900	Miscellaneous DME supply, accessory, and/or srvc comp hcpcs (repair)	Y/6 mos		1 unit	7/1/13		under 500.00	
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Y/12 mos	Y	I/C	7/1/13		I/C	
A9999	Control III Solution, per pint	Y/12 mos	Y	I/C	7/1/13		9.32	
A9999	Toothettes, each	Y/12 mos	Y	I/C	7/1/13		0.19	N
<b>ENTERAL AND PARENTERAL THERAPY</b>								
B4034	Enteral feed supply syringe, per day	Y/6 mos		31 per mo	7/1/13		5.19	
B4035	Enteral feed supply kit, pump fed, per day	Y/6 mos		31 per mo	7/1/13		9.90	
B4036	Enteral feed supply kit gravity fed per day	Y/6 mos		31 per mo	7/1/13		6.80	
B4081	Enteral NG tubing w/stylet	Y/6 mos		15 per mo	7/1/13		18.37	
B4082	Nasogastric tubing without stylet	Y/6 mos		30 per mo	7/1/13		13.66	
B4083	Enteral stomach tube levine	Y/6 mos		30 per mo	7/1/13		2.10	
B4087	Gastrostomy/jejunostomy tube, standard	Y/12 mos		6 per yr	7/1/13		30.32	
B4088	Gastrostomy/jejunostomy tube, low-profile	Y/12 mos		6 per yr	7/1/13		107.11	
B4220	Parenteral nutrition supply kit; premix, per day	Y/12 mos		31per mo	7/1/13		7.65	
B4222	Parenteral nutrition supply kit; home mix, per day	Y/12 mos		31 per mo	7/1/13		9.44	
B4224	Parenteral nutrition adm kit, per day	Y/6 mos		30 per mo	7/1/13		22.69	
B9000	Enteral nutrition infusion pump - without alarm	Y/12 mos			7/1/15	104.19	1041.91	
B9002	Enteral pump with alarm**				7/1/15	104.19	1041.91	
<b>B9004</b>	<b>Parenteral pump portable</b>		Y		<b>7/1/13</b>	<b>241.13</b>	<b>2411.31</b>	
<b>B9006</b>	<b>Parenteral pump stationary</b>		Y		<b>7/1/13</b>	<b>241.13</b>	<b>2411.31</b>	
B9998	Miscellaneous enteral supplies, NOC-- <b>Does not include g-tubes.</b>	Y/6 mos	PA	if over 300.00 31 per mo(1 Unit)	7/1/13		249.90	
B9998	Feeding pump carry case	Y/12 mos	Y		<b>1/1/16</b>		85.60	
B9999	Miscellaneous parenteral supplies, NOC	Y/6 mos	PA	if over 300.00 31 per mo(1 Unit)	7/1/13		249.90	

**DURABLE MEDICAL EQUIPMENT E0100 - E9999  
CANES, CRUTCHES, WALKERS AND ATTACHMENTS**

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
E0100	Cane adjust/fixed with tip				7/1/13		19.39	
E0105	Cane adjust/fixed with quad/3 pro				7/1/13		45.20	
E0110	Crutch forearm pair				7/1/13	6.67	66.73	
E0111	Crutch forearm each				7/1/13	4.90	49.01	
E0112	Crutch underarm pair wood				7/1/13	3.41	34.05	
E0113	Crutch underarm each wood				7/1/13	1.94	19.45	
E0114	Crutch underarm pair no wood				7/1/13	4.34	43.44	
E0116	Crutch, underarm, other than wood, adjustable or fixed, w/pad, handgrip, ea				7/1/13	2.55	25.53	
E0117	Crutch, underarm, articulating, spring assisted, each				7/1/13	17.74	177.36	
<b>E0118</b>	<b>Crutch substitute, lower leg platform w/ or w/o wheels, each</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
E0130	Walker rigid adjust/fixed ht				7/1/13	5.57	55.71	
E0135	Walker folding adjust/fixed				7/1/13	6.43	64.26	
E0140	Walker w/trunk support support, adjust/fixed, any type				7/1/13	28.61	286.12	
E0140	Walker, Kaye-4 whls, front swivel				7/1/13	27.17	271.65	
E0141	Rigid walker wheeled wo seat				7/1/13	9.15	91.45	
E0143	Walker folding wheeled				7/1/13	9.54	95.37	
E0144	Enclosed walker w rear seat				7/1/13	25.26	252.60	
E0147	Walker variable wheel resist				7/1/13	45.59	455.95	
E0148	Walker heavy duty, without wheels, any type, each				7/1/13	10.08	100.78	
E0149	Walker heavy duty, wheeled, any type, each				7/1/13	17.70	177.05	
E0153	Forearm crutch platform atta				7/1/13	5.64	56.39	
E0154	Walker platform attachment				7/1/13	5.03	50.31	
E0155	Walker wheel attachment				7/1/13	2.28	22.81	
E0156	Walker seat attachment				7/1/13	2.10	20.97	
E0157	Walker crutch attachment				7/1/13	5.52	55.24	
E0158	Walker leg extenders set of 4				7/1/13	2.55	25.53	
E0159	Brake for wheeled walker				7/1/13	1.42	14.17	
<b>COMMODOES</b>								
E0163	Commode chair, mobile or stationary, w/ fxd arms				7/1/13	8.82	88.19	
E0165	Commode chair, mobile or stationary, w/detachable arms				7/1/13	14.54	145.35	
E0167	Pail or pan for use with commode chair, replacement only				7/1/13		9.38	
E0168	Commode chair, extra wide, heavy duty, any type each				7/1/13	13.89	138.90	
<b>DECUBITIS CARE EQUIPMENT</b>								
E0181	Powered pressure reducing mattress overlay/pad, alternating, w/pump, heavy duty				7/1/13	22.47	224.74	
E0182	Pump for alternating pressure pad, for replacement only				7/1/13	24.09	240.89	
E0184	Dry pressure mattress				7/1/13	17.92	179.19	
E0185	Gel pressure mattress pad				7/1/13	26.80	268.01	
E0187	Water pressure mattress				7/1/13	21.36	213.61	
E0188	Synthetic Sheepskin pad				7/1/13	2.43	24.33	
E0189	Lambwood sheepskin pad				7/1/13	4.78	47.83	
E0190	Positioning cushion/pillow/wedge, any shape or size, inc. all components and access			2 every 6 mos	7/1/13		23.29	N

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
E0191	Protector heel or elbow				7/1/13		9.20	
<b>E0193</b>	<b>Powered air flotation bed</b>		<b>Y</b>		<b>7/1/13</b>	<b>682.35</b>	<b>6823.46</b>	
<b>E0194</b>	<b>Air fluidized bed</b>		<b>Y</b>		<b>7/1/13</b>	<b>2579.14</b>	<b>25791.38</b>	
E0196	Gel pressure mattress				7/1/13	29.90	299.03	
E0197	Air pressure pad for mattress				7/1/13	20.39	203.92	
E0198	Water pressure pad for mattress				7/1/13	20.39	203.92	
E0199	Dry pressure pad for mattress				7/1/13	2.95	29.50	
E0202	Phototherapy light w/photom (bilirubin)			per day	7/1/13	51.86		
<b>E0240</b>	<b>Bath/shower chair, with or w/o wheels, standard</b>		<b>Y</b>		<b>8/8/13</b>		<b>42.00</b>	<b>N</b>
<b>E0240</b>	<b>Bath/shower chair, with or w/o wheels, bariatric</b>		<b>Y</b>		<b>8/8/13</b>		<b>63.53</b>	<b>N</b>
<b>E0240</b>	<b>Bath/shower chair, including accessories, pediatric/adult</b>		<b>Y</b>		<b>8/8/13</b>		<b>495.57</b>	<b>N</b>
<b>E0240</b>	<b>Shower commode chair, standard with or w/o tilt</b>		<b>Y</b>		<b>3/1/14</b>		<b>833.27</b>	<b>N</b>
<b>E0240</b>	<b>Rehab shower commode chair w/o tilt, including accessories</b>		<b>Y</b>		<b>8/8/13</b>		<b>1180.00</b>	<b>N</b>
<b>E0240</b>	<b>Rehab shower commode chair w/ tilt, including accessories</b>		<b>Y</b>		<b>8/8/13</b>		<b>1587.67</b>	<b>N</b>
<b>E0240</b>	<b>Rehab bath transfer system without tilt, including accessories</b>		<b>Y</b>		<b>8/8/13</b>		<b>2023.00</b>	<b>N</b>
<b>E0240</b>	<b>Rehab bath transfer system with tilt, including accessories</b>		<b>Y</b>		<b>8/8/13</b>		<b>2375.00</b>	<b>N</b>
<b>E0237</b>	<b>Water circulating heat pad w/pump (T-Pump)</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
E0247	Transfer bench for tub or toilet w or /wo commode opening				7/1/13		62.31	N
E0248	Transfer bench, heavy duty, for tub or toilet w/or w/o commode opening				7/1/13		115.73	N
<b>HOSPITAL BEDS AND ACCESSORIES</b>								
E0250	Hosp bed fixed ht w/mattress, any type side rails				7/1/13	77.54	775.37	
E0251	Hosp bed fixed ht w/o mattress and any type side rails				7/1/13	58.76	587.61	
E0255	Hospital bed var ht w/mattress and any type side rails				<b>7/1/15</b>	93.19	931.86	
E0256	Hospital bed, var ht, hi-lo, w/out mattress and with any type side rails				7/1/13	65.12	651.19	
E0260	Hosp bed semi-electr w/mattress and with any type side rails				<b>7/1/15</b>	111.42	1114.18	
E0261	Hosp bed semi-electr w/o mattress and with any type side rails				7/1/13	95.00	950.05	
<b>E0265</b>	<b>Hosp bed total electr w/matt w/side rails</b>		<b>Y</b>		<b>7/1/13</b>	<b>154.34</b>	<b>1543.43</b>	
<b>E0266</b>	<b>Hosp bed total electr w/o mattress and with any type side rails</b>		<b>Y</b>		<b>7/1/13</b>	<b>140.19</b>	<b>1401.91</b>	
E0271	Mattress innerspring				7/1/13	14.97	149.71	
E0272	Mattress foam rubber				7/1/13	14.87	148.67	
E0275	Bed pan standard				7/1/13		14.09	
E0276	Bed pan fracture				7/1/13		12.25	
<b>E0277</b>	<b>Powered pres-redu air mattrs</b>		<b>Y</b>		<b>7/1/13</b>	<b>558.02</b>	<b>5580.17</b>	
E0290	Hosp bed fx ht w/o rails w/mattress				7/1/13	59.28	592.79	
E0291	Hosp bed fx ht w/o rails w/o mattress				7/1/13	43.07	430.70	
E0292	Hosp bed var ht w/o rail w/mattress				7/1/13	63.84	638.35	
E0293	Hosp var ht w/o rail w/o mattress				7/1/13	56.73	567.29	
E0294	Hosp bed semi-elct w/mattress and w/o side rails				<b>7/1/15</b>	93.72	937.21	
E0295	Hosp bed semi-elect w/o mattress and w/o side rails				<b>7/1/15</b>	86.62	866.24	
E0296	Hosp bed total elect w/matt w/out side rails		<b>Y</b>		7/1/13	116.91	1169.09	
E0297	Hosp bed total elect w and w/o mattress		<b>Y</b>		7/1/13	105.72	1057.23	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
E0300	Pediatric crib, hospital grade, fully enclosed, w or w/o top enclosure		Y		7/1/13	225.16	2251.64	
E0301	Hospital bed, heavy duty, ex wide, w/wght capt, 350-600 lbs w/o mattress		Y		7/1/13	201.93	2019.35	
E0302	Hospital bed, ex hvy dty, ex wd, w/wty > 600 lbs w/o mattress		Y		7/1/13	567.49	5674.94	
E0303	Hospital bed, hvy dty, ex wd, w eght > 350 lbs < or equal 600 lbs w/mattress		Y		7/1/13	227.89	2278.94	
E0304	Hospital bed, ex hvy dty, ex wd, w wght > 600 lbs w/mattress		Y		7/1/13	611.31	6113.12	
E0305	Rails bed side half length				7/1/13	12.76	127.56	
E0310	Rails bed side full length				7/1/13	15.30	153.02	
E0316	Safety enclosure frame/canopy for use w/hospital bed, any type		Y		7/1/13	163.53	1635.32	
E0325	Urinal male jug-type			2 per yr	7/1/13	0.93	9.31	
E0326	Urinal female jug-type			2 per yr	7/1/13	0.97	9.66	
E0328	Pediatric hospital bed, manual, 360 degree side enclosure, top headboard, footboard and side rails up to 24 in. above the spring, inc mattress(Stockton)		Y		7/1/13	I/C	I/C	
E0329	Pediatric hospital bed, electric or semi-electric, 360 degree side enclosure, top of headboard, and side rails up to 24 in. above the spring, inc mattress		Y		7/1/13	I/C	I/C	
E0371	Non-powered mattress overlay		Y		7/1/13	332.57	3325.71	
E0372	Powered air mattress overlay		Y		7/1/13	403.55	4035.46	
E0373	Non-powered pressure mattress		Y		7/1/13	462.27	4622.73	
<b>OXYGEN AND RELATED RESPIRATORY EQUIPMENT</b>								
E0424	Stationary comprss gas O2 sys, rental; inc container, contents, reg, flmtr	Y/12 mos		monthly	7/1/13	150.76		
E0425	Stationary comprss gas O2 sys,purchase; inc regltr, flwmtr, hmdfr, cann	Y/12 mos	Y		7/1/13	I/C	I/C	
E0431	Portable gas O2 sys, rental; inc contn, regltr, flwmtr, humfr, cannor mask	Y/12 mos		monthly	7/1/13	25.22		
E0434	Portable liquid O2 sys, rental; includes container, resrvr, humdfr,flwm, etc.	Y/12 mos		monthly	7/1/13	25.22		
E0435	Portable liquid O2 sys, purchase; inc contnr, resrvr, flwmtr, humdfr, gauze	Y/12 mos	Y		7/1/13	I/C		
E0439	Stationary liquid O2 s7s, rental; inc contnr, contents, rgltr, flwmtr, etc	Y/12 mos		monthly	7/1/13	150.76		
E0440	Stationary liquid O2 sys, purchase; incl resrvr, contents indicator, reg, etc	Y/12 mos	Y		7/1/13		I/C	
E0441	Oxygen contents, gaseous ( for use w/owned stationary sys) & prtbl gas system)	Y/12 mos		1 unit/monthly	7/1/13		65.83	
E0442	Oxygen contents, liquid (for use w/owned liquid stnry sys or whn both)	Y/12 mos		1 unit/monthly	7/1/13		65.83	
E0443	Portable O2 contents, gaseous ( for use only w/prtbl gas sys w/no stnry)	Y/12 mos		4 units/monthly	7/1/13		65.83	
E0444	Portable O2 contents, liquid (for use only w/portable liq system)	Y/12 mos		4 units/monthly	7/1/13		65.83	
E0445	Oximeter for measuring blood oxygen levels, hand-held (digital)	Y/12 mos	Y**		7/1/15	50.71	507.08	N
E0445	Oximeter for measuring blood oxygen levels, continuous (home model)	Y/12 mos	Y**		7/1/13	108.33	1083.28	N
E0465	Home vent w/invasive interface. (e.g. trach tube)	Y/12 mos	Y	monthly	1/1/16	762.41		
E0466	Home vent w/non-invasive interface. (e.g. mask)	Y/12 mos	Y	monthly	1/1/16	762.41		
E0470	Resp assist device (RAD), bi-lvl, w/o backup rate feature (BiPAP)	Y/12 mos	Y		7/1/13	173.01	1730.09	
E0471	RAD, bi-level w/backup non inv intrfc (BiPAP)	Y/12 mos	Y		7/1/13	509.38	5093.80	
E0472	RAD, bi-level w/backup invasive interface (BiPAP)	Y/12 mos	Y		7/1/13	509.38	5093.80	
E0480	Percussor, electric or pneumatic, home model	Y/12 mos			7/1/13	40.44	404.43	
E0481	Intrapulm percussive ventilation sys & related accessories	Y/12 mos			7/1/15		1315.72	N
E0482	Cough stimulating device, alternating positive & negative pressure	Y/12 mos	Y		7/1/13	373.30	3733.03	
E0483	High freqcy chest wall oscil air-pulse generator sys, (inc hoses & vests)ea	Y/12 mos	Y		7/1/13	978.44	9784.41	
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, ea.	Y/12 mos			7/1/13		33.98	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
<b>IPPB MACHINES</b>								
E0500	IPPB machine, all types, w/built in neb; manual or automatic	Y/12 mos			7/1/15	97.05	970.53	
E0550	Humidifier, durable, for extensive supp during IPP tx or O2 delivery	Y/12 mos			7/1/13	39.22	392.19	
E0561	Humidifier, non-heated, used w/ PAP	Y/12 mos			7/1/13	8.49	84.87	
E0562	Humidifier, heated, used w/ PAP	Y/12 mos			7/1/13	23.89	238.94	
<b>COMPRESSORS/NEBULIZERS FOR USE WITH OXYGEN IPPB EQUIPMENT</b>								
E0565	Compressor, air power source for equip which is not self contn or cyln drvn	Y/12 mos			7/1/13	56.15	561.51	
E0570	Nebulizer with compression	Y/12 mos			7/1/13	14.82	148.24	
E0572	Aerosol compressor, adj pressure, light duty, intermittent use	Y/12 mos			7/1/13	33.25	332.45	
E0574	Ultrasonic generator with sm vol ultrasonic nebulizer	Y/12 mos			7/1/13	35.16	351.56	
E0575	Nebulizer ultrasonic	Y/12 mos			7/1/13	83.82	838.19	
E0580	Nebulizer for use w/regulator	Y/12 mos			7/1/13	10.63	106.33	
E0585	Nebulizer w/compressor & he	Y/12 mos			7/1/13	32.27	322.66	
<b>SUCTION PUMP/ROOM VAPORIZERS</b>								
E0600	Respiratory suction pump, home model, portable or stationary, electric	Y/12 mos			7/1/13	42.13	421.35	
E0601	Continuous airway pressure (CPAP) device	Y/12 mos			7/1/15	88.61	886.13	
E0602	Breast pump, manual, any type	Y/12 mos			7/1/13	2.72	27.17	
E0603	Breast pump, electric (AC and /or DC), any type	Y/12 mos			7/1/13	8.30	83.02	
E0604	Breast pump, electric (AC and /or DC), Hospital Grade -rental only	Y/12 mos			7/1/13	56.21		
E0605	Vaporizer, room type				7/1/13	24.33	243.27	
E0606	Postural drainage board				7/1/13	21.12	211.23	
<b>MONITORING EQUIPMENT</b>								
E0607	Blood glucose monitor home	Y/12 mos			7/1/13	6.15	61.49	
<b>E0618</b>	<b>Apnea Monitor, without recording feature</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>258.02</b>	<b>2580.18</b>	
<b>E0619</b>	<b>Apnea Monitor, with recording feature</b>	<b>Y/12 mos</b>	<b>Y**</b>		<b>7/1/13</b>	<b>299.88</b>		
<b>PATIENT LIFTS</b>								
E0621	Patient lift sling or seat				7/1/13	8.83	88.34	
<b>E0625</b>	<b>Patient lift, bathroom or toilet (ex: Aqua Lift)</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
E0627	Seat lift mechanism incorp into a combo lift-chair mechanism				7/1/13	30.44	304.36	
E0629	Seat lift mechanism for use with patient owned furniture-nonelectric				7/1/13	30.44	304.36	
E0630	Patient hydraulic lift with seat or sling (ex: Hoyer Lift)				7/1/13	91.39	913.92	
E0635	Patient electric lift, with seat or sling				7/1/13	95.72	957.19	
<b>E0637</b>	<b>Sit to stand seat lift</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E0638</b>	<b>Standing frame system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E0639</b>	<b>Patient Lift, moveable from room to room w/disassembly &amp; reassembly includes all components/accessories</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E0640</b>	<b>Patient lift, fixed system, includes all components/accessories</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E0641</b>	<b>Standing frame system, multi-position (e.g. 3-way stander) any size including pediatric, with or without wheels</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E0642</b>	<b>Standing frame system, mobile (dynamic stander), any sz including pediatric</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	

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<b>PNEUMATIC COMPRESSOR AND APPLIANCES</b>								
E0650	Pneuma compressor non-segment				7/1/13	63.20	631.97	
E0651	Pneuma compressor non-segment home model w/o calibrated grad pressure	Y/12 mos			7/1/13	84.52	845.23	
<b>E0652</b>	<b>Pneuma compress w/cal pressure</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>482.21</b>	<b>4822.10</b>	
E0655	Pneumatic appliance, half arm	Y/12 mos			7/1/13	9.76	97.58	
E0656	Pneumatic appliance, trunk	Y/12 mos			7/1/13	53.17	531.67	
E0660	Pneumatic appliance, full leg	Y/12 mos			7/1/13	12.50	124.97	
E0665	Pneumatic appliance, full arm	Y/12 mos			7/1/13	11.10	111.03	
E0666	Pneumatic appliance, half leg	Y/12 mos			7/1/13	10.80	108.02	
E0667	Seg pneumatic appliance, full leg	Y/12 mos			7/1/13	29.80	297.97	
E0668	Seg pneumatic appliance, full arm	Y/12 mos			7/1/13	34.57	345.67	
E0669	Seg pneumatic appliance, half leg	Y/12 mos			7/1/13	16.02	160.18	
E0670	Seg pneumatic appliance, w/pneumatic compressor, intergrated, 2 full legs and trunk	Y/12 mos			7/1/15	112.76	1127.58	
E0671	Pressure pneum appliance, full leg	Y/12 mos			7/1/13	38.23	382.25	
E0672	Pressure pneum appliance, full arm	Y/12 mos			7/1/13	29.70	297.01	
E0673	Pressure pneum appliane, half leg	Y/12 mos			7/1/13	24.68	246.80	
<b>E0675</b>	<b>Pneumatic comp device, high pressure,</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>353.91</b>	<b>3539.06</b>	
<b>E0676</b>	<b>Intermittent limb compression device (inc all accessories) NOS</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>		<b>I/C</b>	
E0705	Transfer Board, or Device, any type, each	Y/12 mos			7/1/13		50.73	
<b>TRANSCUTANEOUS AND/OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATORS (TENS)</b>								
E0720	Tens two lead	Y/12 mos			7/1/13	31.39	313.93	
E0730	Tens four lead	Y/6 mos			7/1/13	34.10	341.03	
E0731	Conductive garment for tens/	Y/6 mos			7/1/13	32.83	328.27	
E0744	Neuromuscular stim for scoli	Y/12 mos			7/1/13	71.64	716.38	
E0745	Neuromuscular stem for shock	Y/12 mos			7/1/13	70.02	700.23	
E0747	Elec osteogen stim not spine	Y/12 mos	<b>Y</b>		7/1/13	341.02	3410.23	
E0748	Elec osteogen stim spinal	Y/12 mos	<b>Y</b>		7/1/13	358.07	3580.65	
<b>E0760</b>	<b>Osteogenesis stimulator, noninvasive, ultrasound</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>297.55</b>	<b>2975.46</b>	
E0762	Transcutaneous electrical joint stimulation device sys, includes accessories	Y/12 mos			7/1/15	101.19	1011.94	
E0764	Functional neuromuscular stimulator, transcu stim of muscles, entire sys	Y/12 mos	<b>Y</b>		7/1/13	1018.49	10184.90	
E0769	Electrical stimulation or electromagnetic wound tx device	Y/12 mos	<b>Y</b>		7/1/13	I/C	I/C	
<b>E0770</b>	<b>Functional neuromuscular stimulator, transcu stim of nerves, i.e RT-300</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>		<b>I/C</b>	
<b>INFUSION SUPPLIES</b>								
E0776	IV pole			1 every 5 yrs	7/1/13	13.18	131.75	
E0779	Ambulatory infusion pump, mech, reusable, for infusion 8 hrs or greater	Y/12 mos			7/1/13	14.60	146.03	
E0780	Mech amb infusion pump < 8 hrs	Y/12 mos			7/1/13	9.55		
<b>E0781</b>	<b>External ambulatory infus pump</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>237.34</b>	<b>2373.37</b>	
<b>E0784</b>	<b>Ext amb infusion pump insulin</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>384.22</b>	<b>3842.17</b>	
<b>E0791</b>	<b>Parenteral infusion pump sta</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>247.36</b>	<b>2473.59</b>	
<b>TRACTION -ALL TYPES</b>								
<b>E0830</b>	<b>Ambulatory traction device, all types, each</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	



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<b>TRACTION - CERVICAL</b>								
E0840	Traction frame, attached to headboard, cervical traction				7/1/13	6.74	67.43	
E0849	Traction equipment, cervical, free-standing stnd/frame, pneu, other than mand				7/1/13	47.42	474.25	
E0850	Traction stand free standing				7/1/13	9.67	96.68	
E0855	Cervical traction equipment				7/1/13	45.48	454.84	
<b>TRACTION - OVERDOOR, EXTREMITY AND PELVIC</b>								
E0860	Traction equip, overdoor, cervical				7/1/13	3.30	33.05	
E0870	Tract frame attach footboard				7/1/13	9.97	99.71	
E0880	Tract stand free stand extrem				7/1/13	9.82	98.21	
E0890	Traction frame attach pelvic				7/1/13	11.08	110.81	
E0900	Tract stand free stand pelvic				7/1/13	10.02	100.23	
<b>TRAPEZE EQUIPMENT, FRACTURE FRAME, AND OTHER ORTHOPEDIC DEVICES</b>								
E0910	Trapeze bars, also known as Patient helper, attached to bed, w/grab bar				7/1/13	15.86	158.61	
E0911	Trapeze bar, heavy duty, for patient wght cap > 250 lbs, attached to bed				7/1/13	39.53	395.34	
E0912	Trapeze bar, heavy duty, for patient wght cap > 250 lbs, free standing, gbar				7/1/13	90.81	908.06	
E0920	Fracture frame, attached to bed, includes weights				7/1/13	42.47	424.66	
E0930	Fracture frame, freestanding, includes weights				7/1/13	42.04	420.41	
<b>E0935</b>	<b>Continuous Passive motion exercise device for use on knee only</b>		<b>Y</b>	<b>Daily</b>	<b>7/1/13</b>	<b>22.16</b>		
<b>E0936</b>	<b>Continuous passive motion exercise device for use other than knee</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
E0940	Trapeze bar free standing				7/1/13	25.53	255.26	
E0941	Gravity assisted traction device, any type				7/1/13	39.94	399.42	
E0942	Cervical head harness/halter				7/1/13		18.08	
E0944	Pelvic belt/harness/boot				7/1/13		39.24	
E0945	Belt/Harness extremity				7/1/13	3.48	34.79	
E0946	Fracture frame dual w cross bars, attached to bed				7/1/13	54.41	544.05	
E0947	Fracture frame attachments pelvic				7/1/13	47.44	474.41	
E0948	Fracture frame attachment cervical				7/1/13	46.75	467.50	
E0950	Wheelchair accessory, tray, each				7/1/13	8.25	82.46	N
<b>WHEELCHAIR ACCESSORIES</b>								
E0951	Heel loop/holder, any type, w or w/o ankle strap, each				7/1/13	1.51	15.05	
E0952	Toe loop/holder, any type, each				7/1/13	1.49	14.93	N
E0955	Wheelchair accessory, headrest, cushioned, any type, inc fix mouting hrdwr				7/1/13	16.04	160.38	
E0956	Wheelchair accessory, lateral trunk or hip support, prefab, any type, incl fx mt				7/1/13	7.82	78.19	
E0957	Wheelchair accessory, medial thigh support, any type,, w/ hardware				7/1/13	10.94	109.41	
E0958	Whlchr att - conv 1 arm drive				7/1/13	34.13	341.28	
E0959	Amputee adapter				7/1/13		40.68	
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, w/hardware				7/1/13		72.17	
E0961	Wheelchair brake extension				7/1/13		26.77	
E0966	Wheelchair head rest extensi				7/1/13		55.84	
E0967	Manual wheelchair accessory, hand rim w/projections, any type, replacement				7/1/13		60.44	
E0968	Wheelchair commode seat				7/1/13	15.22	152.15	

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E0969	Wheelchair narrowing device				7/1/13		134.02	
E0970	Wheelchair no. 2 footplates				7/1/13		43.49	N
E0971	Wheelchair anti-tipping device, each				7/1/13		39.92	
E0973	Wheelchair accessory, adj height armrests, ea				7/1/13		91.20	N
E0974	Wheelchair grade-aid				7/1/13		66.98	N
E0978	Wheelchair positioning belt/safety belt/prlvic strap, each				7/1/13		33.87	N
E0980	Wheelchair safety vest				7/1/13		30.42	
E0981	Seat upholstery, replacement only				7/1/13		36.96	
E0982	Back upholstery, replacement only				7/1/13		40.87	
<b>E0983</b>	<b>Manual wheelchair, power add-on to convert to motorized whchr, joystick including accessorie</b>		<b>Y</b>		<b>7/1/13</b>	<b>217.42</b>	<b>2174.22</b>	
<b>E0984</b>	<b>Manual wheelchair, power add-on to convert to motorized wheelchair,tiller including accesso</b>		<b>Y</b>		<b>7/1/15</b>	<b>149.46</b>	<b>1494.58</b>	
E0985	Wheelchair seat lift mechanism				7/1/13		186.69	
<b>E0986</b>	<b>Manual wheelchair accessory, push activated power assist, each</b>		<b>Y</b>		<b>7/1/13</b>	<b>447.66</b>	<b>4476.61</b>	
E0990	Wheelchair elevating leg res				7/1/13	9.31	93.14	N
E0992	Wheelchair solid seat insert				7/1/13	8.76	87.58	
E0994	Wheelchair arm rest				7/1/13	1.51	15.13	
E0995	Wheelchair calf rest				7/1/13	2.05	20.49	N
<b>E1002</b>	<b>Wheelchair accessory, power seating sys, tilt only</b>		<b>Y</b>		<b>7/1/13</b>	<b>321.51</b>	<b>3215.09</b>	
<b>E1003</b>	<b>Power seating sys, recline only, w/o shear reduction</b>		<b>Y</b>		<b>7/1/13</b>	<b>348.33</b>	<b>3483.27</b>	
<b>E1004</b>	<b>Power seating sys, recline only w/mech shear reduction</b>		<b>Y</b>		<b>7/1/13</b>	<b>386.22</b>	<b>3862.22</b>	
<b>E1005</b>	<b>Power seating sys, recline only, w/power shear reduction</b>		<b>Y</b>		<b>7/1/13</b>	<b>418.06</b>	<b>4180.56</b>	
<b>E1006</b>	<b>Power seating sys, combo tilt &amp; recline w/power shear reduction</b>		<b>Y</b>		<b>7/1/13</b>	<b>512.08</b>	<b>5120.79</b>	
<b>E1007</b>	<b>Power seating sys, combo tilt and recline, w/mech shear reduction</b>		<b>Y</b>		<b>7/1/13</b>	<b>693.37</b>	<b>6933.75</b>	
<b>E1008</b>	<b>Power seating sys, combo tilt &amp; recline, w/o shear reduction</b>		<b>Y</b>		<b>7/1/13</b>	<b>693.44</b>	<b>6934.38</b>	
<b>E1009</b>	<b>Addition to power seating sys, mech linked leg elevation sys, inc pushrod</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
E1010	Addition to power seating sys, power leg elevation system, inc leg rest, pair				7/1/13	90.73	907.27	
<b>E1011</b>	<b>Modification to ped w/c, width adjstmnt pkg (not to be disp w/initial chair)</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E1012</b>	<b>Center mount power elevating leg rest (rental only if not used on w/c K8035-K0864)</b>		<b>Y</b>		<b>7/1/16</b>	<b>92.64</b>	<b>926.42</b>	
E1014	Reclining back, addition to pediatric wheelchair				7/1/13	33.60	336.05	
E1015	Shock absorber for manual wheelchair				7/1/13	10.56	105.57	
E1016	Shock absorber for power wheelchair				7/1/13	10.42	104.16	
<b>E1017</b>	<b>Heavy duty shock absorber for heavy duty or extra hvy dty manual wchair</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E1018</b>	<b>Heavy duty shock absorber for heavy duty or extra hvy dty power whchair</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
E1020	Residual limb support system for w/c any type , incld hardware				7/1/13	19.31	193.08	
E1028	Manual swngawy, retratable or removable hardware for joystick or other cont				7/1/13	16.38	163.83	
E1029	Ventilator tray, fixed				7/1/13	29.31	293.13	
E1030	Ventilator tray, gimbaled				7/1/13	92.43	924.32	
<b>E1035</b>	<b>Multi-positional patient transfer system , with integrated seat,</b>		<b>Y</b>		<b>7/1/13</b>	<b>564.34</b>	<b>5643.41</b>	
<b>WHEELCHAIRS - FULLY RECLINING</b>								
E1050	Wheelchair fxed full length arms				7/1/13	79.66	796.62	
E1060	Fully-reclining wheelchair, detch arms, swng-awy detch elev legrests				7/1/15	114.08	1140.79	

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E1070	Fully-reclining wheelchair, detach arms, swing-away detachable legrests				7/1/13	85.68	856.80	
E1083	Hemi-Wheelchair, fixed full length arms, swing-away detachable, elev legrest				7/1/13	72.47	724.71	
E1084	Hemi-Wheelchair, detachable arms, elevating legrests				7/1/13	90.29	902.87	
E1087	High-strength lightweight wheelchair; fixed full-length arms, swing-away, detach, elev legrest				7/1/15	116.44	1164.42	
E1088	High Strength lightweight Wheelchair, detachable arms				7/1/15	117.95	1179.46	
E1089	High-strength lightweight wheelchair; fixed length arms, swing-away, detachable footrests				7/1/13	66.27	662.74	N
E1090	High Strength lightweight Wheelchair, detachable arms, swing detach footrests				7/1/15	88.41	884.11	N
E1092	Wide, heavy duty wheelchair; detach arms, desk or full length, swing				7/1/15	100.54	1005.38	
E1093	Wide, heavy duty wheelchair; detach arms, detachable footrests				7/1/13	90.92	909.25	
E1100	Semi-reclining wheelchair: fixed full length elevating legrests				7/1/13	95.53	955.32	
E1110	Semi-reclining wheelchair; detach arms, elevating legrest				7/1/13	86.88	868.79	
E1150	Standard Wheelchair, detach arms (desk) or full length, elevating legrest				7/1/13	75.04	750.38	
E1160	Standard Wheelchair, fixed full length arms, elevating legrests				7/1/13	57.52	575.20	
<b>E1161</b>	<b>Manual adult sized wheelchair, with tilt-in space</b>		<b>Y</b>		<b>7/1/13</b>	<b>217.75</b>	<b>2177.54</b>	
<b>WHEELCHAIRS- AMPUTEE</b>								
E1170	Amputee Wheelchair, fixed full length arms, swing-away detach elev legrests				7/1/13	69.87	698.70	
E1171	Amputee Wheelchair, fixed full length arms, w/out footrests or legrests				7/1/13	68.33	683.32	
<b>E1172</b>	<b>Amputee Wheelchair, detachable arms, w/out footrests or legrests</b>		<b>Y</b>		<b>7/1/13</b>	<b>90.15</b>	<b>901.51</b>	
E1180	Amputee Wheelchair, detachable arms, swing-away detachable footrest				7/1/13	79.27	792.71	
E1190	Amputee Wheelchair, detachable arms, swing-away detachable elev legrests				7/1/13	91.59	915.88	
E1195	Heavy duty wheelchair; fixed full length arms, elevating legrests				7/1/15	106.82	1068.20	
E1200	Amputee Wheelchair, fixed full length arms, swing-away detachable footrest				7/1/13	80.08	800.79	
<b>WHEELCHAIRS - SPECIAL SIZE</b>								
E1221	Wheelchair w/fixed arms, footrests				7/1/13	43.73	437.33	
E1222	Wheelchair w/fixed arms, elevating legrests				7/1/13	62.39	623.90	
E1223	Wheelchair w/detachable arms, footrests				7/1/13	63.18	631.81	
E1224	Wheelchair w/detachable arms, elevating legrests				7/1/13	74.53	745.28	
E1225	Semi-reclining back for customized wheelchair				7/1/13	41.60	415.99	
E1226	Wheelchair accessory, manual fully reclining back				7/1/13	42.68	426.84	
E1227	Special height arms for wheelchair				7/1/13		255.39	N
E1228	Special back height for wheelchair				7/1/13	21.92	219.22	
<b>E1229</b>	<b>Wheelchair, pediatric size, not otherwise specified</b>		<b>Y</b>		<b>7/1/13</b>		<b>1493.69</b>	
<b>E1230</b>	<b>Power-Operated Vehicle, 3 or 4 wheel, non-highway</b>		<b>Y</b>		<b>7/1/13</b>	<b>183.36</b>	<b>1833.61</b>	
E1231	Wheelchair, pediatric sized, tilt-in-space, rigid, adj, w/seating system				7/1/15	120.24	1202.38	
<b>E1232</b>	<b>Wheelchair, pediatric sized, tilt-in-space, folding, adj. W/seating system</b>		<b>Y</b>		<b>7/1/13</b>	<b>196.80</b>	<b>1968.00</b>	
<b>E1233</b>	<b>Wheelchair, pediatric size, tilt-in-space, rigid, adj w/o seating system</b>		<b>Y</b>		<b>7/1/13</b>	<b>203.92</b>	<b>2039.16</b>	
<b>E1234</b>	<b>Wheelchair, pediatric size, tilt-in-space, folding, adj. W/o seating system</b>		<b>Y</b>		<b>7/1/13</b>	<b>177.52</b>	<b>1775.23</b>	
<b>E1235</b>	<b>Wheelchair, pediatric size rigid, adjustable, w/ seating system</b>		<b>Y</b>		<b>7/1/13</b>	<b>170.94</b>	<b>1709.41</b>	
<b>E1236</b>	<b>Wheelchair, pediatric size, folding, adjustable, w/seating system</b>		<b>Y</b>		<b>7/1/13</b>	<b>150.81</b>	<b>1508.14</b>	
<b>E1237</b>	<b>Wheelchair, pediatric size, rigid, adjustable, w/o seating system</b>		<b>Y</b>		<b>7/1/13</b>	<b>152.13</b>	<b>1521.31</b>	
<b>E1238</b>	<b>Wheelchair, pediatric size, folding adjustable, without seating system</b>		<b>Y</b>		<b>7/1/13</b>	<b>150.81</b>	<b>1508.14</b>	

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<b>WHEELCHAIRS - LIGHTWEIGHT</b>								
E1240	Lightweight Wheelchair, detachable arms, swing-away detachable leg rests				7/1/13	80.74	807.42	
E1270	Lightweight Wheelchair, fixed full length arms, swing-away detachable leg rests				7/1/13	69.69	696.92	
<b>WHEELCHAIRS - HEAVY DUTY</b>								
E1280	Wide heavy duty Wheelchair, detachable arms, elevating leg rests				7/1/15	120.79	1207.94	
E1295	Wide heavy duty Wheelchair, fixed full length arms, elevating leg rests				7/1/15	102.10	1021.01	
E1296	Special wheelchair seat height from floor				7/1/13	38.46	384.61	
E1297	Special wheelchair seat depth, by upholstery				7/1/13	9.63	96.27	
E1298	Special wheelchair seat depth and/or width, by construction				7/1/13	33.14	331.42	
<b>ADDITIONAL OXYGEN RELATED EQUIPMENT</b>								
E1355	Oxygen supplies stand/rack				7/1/13		19.64	
E1372	Oxygen supply heater for nebulizer				7/1/13		150.03	
E1390	Oxygen concentrator				7/1/13	150.76		
E1391	Oxygen concentrator, dual delivery port			monthly	7/1/13	150.76		
E1392	Portable Oxygen, concentrator, rental			monthly	7/1/13	43.89		
<b>E1399</b>	<b>Miscellaneous DME</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
E1405	O2/water vapor enrich w/heat			monthly	7/1/13	212.09		
E1406	O2/water vapor enrich w/o heat			monthly	7/1/13	165.58		
<b>OTHER ORTHOPEDIC DEVICES/SUCTION PUMPS/GLUCOSE MONITORS/COMMUNICATION BOARDS</b>								
E1800	Adjust elbow ext/flex device		Y		7/1/13	112.74	1127.36	
E1801	Bi-directional static progressive stretch elbow device, includes cuffs		Y		7/1/13	111.99	1119.88	
E1802	Dynamic adjustable forearm pron/supin device, includes soft interface material		Y		7/1/13	300.76	3007.64	
E1805	Adjust wrist ext/flex device		Y		7/1/13	116.28	1162.80	
E1806	Bi-directional static progressive stretch wrist device, includes cuffs		Y		7/1/13	91.95	919.53	
E1810	Adjust knee ext/flex device		Y		7/1/13	114.66	1146.57	
E1811	Bi-directional progressive stretch knee device, w/range motion adjustable, includes cuffs		Y		7/1/13	116.48	1164.76	
E1812	Dynamic knee, extension/flexion device w/active resistance control				7/1/13	79.14	791.35	
E1815	Adjust ankle ext/flex device		Y		7/1/13	116.28	1162.80	
E1816	Bi-directional static progressive stretch ankle device w/range of motion adjustable, includes cuffs		Y		7/1/13	118.28	1182.78	
E1818	Bi-directional static progressive stretch forearm pron/supin device w/range of motion adjustable, includes cuffs		Y		7/1/13	120.71	1207.05	
E1820	Soft interface material				7/1/13		70.97	
E1821	Soft interface material, bi-directional static progressive stretch device				7/1/13		96.86	
E1825	Adjust finger ext/flex device		Y		7/1/13	116.28	1162.80	
E1830	Adjust toe ext/flex device		Y		7/1/13	116.28	1162.80	
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface		Y		7/1/13	342.64	3426.44	
E1841	Multi-directional static progressive stretch shoulder device, includes cuffs		Y		7/1/13	416.89	4168.91	
E1902	Communication board, non-electronic augmented or alternative communication device		Y		7/1/13	I/C	I/C	
E2000	Gastric suction pump, home model, portable or stationary, electric				7/1/13	44.97	449.65	
E2100	Blood glucose monitor w/integrated voice synthesizer				7/1/13	59.19	591.93	
E2101	Blood glucose monitor w/integrated lancing/blood sample				7/1/13	17.35	173.54	
					7/1/13			

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<b>OTHER WHEELCHAIR ACCESSORIES</b>					7/1/13			
E2201	Manual w/ch acc seat w>= 20" < 24"				7/1/13		343.37	
E2202	Non standard seat width 24-27 inch				7/1/13		436.20	
E2203	Non standard frame depth < 22 inch				7/1/13		440.88	
E2204	Seat frame depth, 22 to 25 inch				7/1/13		748.59	
E2205	Manual wheelchair accessory, handrim w/projections, any type, replacement				7/1/13		30.06	
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each				7/1/13	3.74	37.43	
E2207	W/C accessory-crutch-cane holder				7/1/13	3.99	39.89	
E2208	Wheelchair accessory, cylinder tank carrier, each				7/1/13		94.22	
E2209	Wheelchair accessory, arm trough, w/without hand support, each				7/1/13		85.00	
E2210	Wheelchair accessory, bearings, any type, replacement only, each				7/1/13		5.19	
E2211	Manual Wheelchair accessory, pneumatic propulsion tire, any size, each				7/1/13		37.66	
E2212	Manual Wheelchair accessory, tube for pneumatic propulsion tire, any sz,ea				7/1/13		5.41	
E2213	Manual Wheelchair accessory, insert for pneumatic propulsion tire, any sz,ea				7/1/13		27.99	
E2214	Manual Wheelchair accessory, pneumatic, caster tire, any size, each				7/1/13		29.55	
E2215	Manual Wheelchair accessory, tube for pneumatic caster tire, any sz,ea				7/1/13		8.83	
<b>E2216</b>	<b>Manual Wheelchair Accessory, foam filled propulsion tire, any size</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E2217</b>	<b>Manual Wheelchair accessory, foam filled caster tire, any size, each</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E2218</b>	<b>Manual wheelchair accessory, foam propulsion tire, any size, each</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
E2219	Manual wheelchair accessory, foam caster tire, any size, each				7/1/13		38.51	
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any sz, e				7/1/13		26.26	
E2221	Manual Wheelchair accessory, solid (rubber/plastic) caster tire, any sz, ea				7/1/13		23.51	
E2222	Manual Wheelchair accessory, solid (rubber/plastic) cst tire w/intg wheel, ea				7/1/13		19.38	
E2223	Manual wheelchair accessory, valve, any type, replacement only, each				7/1/13		4.41	
E2224	Manual wheelchair accessory, propulsion wheel excls tire, any size, each				7/1/13		90.24	
E2225	Manual wheelchair accessory, caster wheel, excls tire, any size, each				7/1/13		16.01	
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each				7/1/13		34.93	
<b>E2227</b>	<b>Gear Reduction Drive Wheel</b>		<b>Y</b>		<b>7/1/13</b>	<b>165.54</b>	<b>1655.38</b>	
E2228	MWC Acc, w/c brake				7/1/13	86.17	861.65	
E2231	Solid seat support base, includes all hardware				7/1/13	14.14	141.43	
<b>E2291</b>	<b>Back, planar, for pediatric size wheelchair incl fix attch hardware, custom</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
<b>E2292</b>	<b>Seat, planar, for pediatric size wheelchair incl fix attch hardware, custom</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
<b>E2293</b>	<b>Back, contoured, for pediatric size wheelchair incl fix attch hardware, custom</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
<b>E2294</b>	<b>Seat, contoured, for pediatric size wheelchair incl fix attch hardware, custom</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
<b>E2300</b>	<b>Power wc acc, power seat elevation system</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	<b>N</b>
<b>E2301</b>	<b>Power standing system</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
E2310	Electro connect btw control				7/1/13	92.83	928.26	
<b>E2311</b>	<b>Electro connect btw 2 or more systems</b>		<b>Y</b>		<b>7/1/13</b>	<b>187.93</b>	<b>1879.31</b>	
<b>E2312</b>	<b>Mini-prop remote joystick</b>		<b>Y</b>		<b>7/1/13</b>	<b>178.46</b>	<b>1784.64</b>	
E2313	PWC harness, expand control				7/1/13	28.34	283.40	

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E2321	Hand interface joystick				7/1/15		1260.51	
E2322	Mult mech switches				7/1/15		1118.73	
E2323	Special joystick handle				7/1/13		54.86	
E2324	Chin cup interface				7/1/13		34.76	
E2325	Sip and puff interface				7/1/15		1068.33	
E2326	Breath tube kit for sip and puff				7/1/13		275.36	
<b>E2327</b>	<b>Head control interface mech</b>		<b>Y</b>		<b>7/1/13</b>		<b>2072.19</b>	
<b>E2328</b>	<b>Head/extremity control interface</b>		<b>Y</b>		<b>7/1/13</b>		<b>3930.66</b>	
E2329	Head control nonpropotional				7/1/15		1400.93	
<b>E2330</b>	<b>Head control proximity switch</b>		<b>Y</b>		<b>7/1/13</b>		<b>2714.47</b>	
<b>E2331</b>	<b>Attendant control</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
E2340	W/c wdth 20 - 23 inch seat frame				7/1/13		329.80	
E2341	W/c wdth 24-27 in seat frame				7/1/13		494.74	
E2342	W/c dpth 22-25 inch seat frame				7/1/13		412.28	
E2343	Power Wheelchair accessory, nonstand seat frame depth, 22-25 inches				7/1/13		659.66	
E2351	Electronic SGD interface				7/1/13		554.17	
E2360	W/c Battery, 22NF nonsealed lead acid				7/1/13		103.39	
E2361	W/c Battery, 22NF sealed lead acid				7/1/13		110.63	
E2362	W/c Battery, Gr24 nonsealed lead acid				7/1/13		84.65	
E2363	W/c Battery, gr24 sealed lead acid				7/1/13		147.54	
E2364	W/c Battery, U1 nonsealed lead acid				7/1/13		103.39	
E2365	W/c Battery, U1 sealed lead acid				7/1/13		88.97	
E2366	Battery charger, single mode				7/1/13		209.11	
E2367	Battery charger, dual mode				7/1/13		332.42	
E2368	Power wheelchair component, drive wheel motor, replacement only				7/1/13		409.76	
E2369	Power wheelchair component, drive wheel gear box, replacement only				7/1/13		356.90	
E2370	Power wheelchair component, intergrated drive wheel motor and gear box combo replacemnt only			1 unit	7/1/13		636.83	
E2371	Power wheelchair accessory, group 27 sealed lead acid Battery (e.g. gel cell				7/1/13		119.57	
<b>E2372</b>	<b>Power wheelchair accessory, group 27 non-sealed lead acid Battery</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
E2373	PWR w/c access, hand/chin cntrl interf, mini-propor, compact/short throw rmt jystk or touchpad prop incl all related electronics and fixed mounting hardware				7/1/13	62.21	622.06	
E2374	PWR w/c access, hand/chin cntrl interf, stand remote jystk (not incl contro), prop, incl all related electronics & fixed mounting hardware, replacement only				7/1/13	42.36	423.61	
E2375	PWC acc , non-expandable contr, inc all related elect and mt hdwe, replacement only				7/1/13		679.44	
E2376	PWC acc , expandable controller, inc all related elect and mt hdwe, replacement only				7/1/15		1064.71	
E2377	PWC acc, expand contr, inc all related elect and mt hdwr upgrade prov at ini issue				7/1/13		385.28	
E2378	PWC component, actuator, replacement only				7/1/13	47.09	470.89	
E2381	PWC acc, pneumatic drive wheel tire, any size, replacement, each				7/1/13		60.42	
E2382	PWC accessory, tube for pneumatic drive wheel tire, any size, replacement only, each				7/1/13		16.47	
E2383	PWC acc, insert for pneumatic drive tire (removable) any type/size, repl only, each				7/1/13		120.47	
E2384	PWC accessory, pneumatic caster tire, any size, replacement only, each				7/1/13		64.18	

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E2385	PWC accessory, tube for pneumatic caster tire, any size, replacement only, each				7/1/13		39.27	
E2386	PWC accessory, foam filled drive wheel tire, any size, replacement only, each				7/1/13		119.38	
E2387	PWC accessory, foam filled drive caster tire, any size, replacement only, each				7/1/13		51.50	
E2388	PWC accessory, foam drive wheel tire, any size, replacement only each				7/1/13		39.96	
E2389	PWC accessory, foam caster tire, any size, replacement only, each				7/1/13		21.70	
E2390	PWC acc, solid (rubber/plastic) drive wheel tire, any size, replacement only, each				7/1/13		33.94	
E2391	PWC acc, solid (rubber/plastic) caster tire, any size, replacement only, each				7/1/13		16.25	
E2392	PWC acc, solid (rubber/plastic) caster tire, w/integ wheel, any size, replace only, each				7/1/13	4.27	42.74	
<b>E2393</b>	<b>PWC accessory, valve for pneumatic tire tube, any type, replacement only, each</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
E2394	PWC accessory, drive wheel excludes tire, any size, replacement only, each				7/1/13	6.09	60.89	
E2395	PWC accessory, caster wheel excludes tire, any size, replacement only each				7/1/15	4.33	43.27	
E2396	PWC accessory, caster fork, any size, replacement only each				7/1/13		44.84	
E2397	PWC accessory, lith-based battery				7/1/13	38.11	381.14	
<b>E2402</b>	<b>Neg press wound therapy pump</b>		<b>Y</b>		<b>7/1/13</b>	<b>1361.53</b>	<b>13615.30</b>	
<b>SPEECH GENERATING DEVICES</b>								
E2500	Speech Generating Device, digitized pre-rec <=8min				7/1/13		359.89	
<b>E2502</b>	<b>Speech Generating device (SGD), prerec msg&gt;8min &lt;=20 min</b>		<b>Y</b>		<b>7/1/13</b>		<b>1100.50</b>	
<b>E2504</b>	<b>SGD, prerec msg&gt;20min&lt;=40min</b>		<b>Y</b>		<b>7/1/13</b>		<b>1451.71</b>	
<b>E2506</b>	<b>SGD, prerec msg &gt;40 min</b>		<b>Y</b>		<b>7/1/13</b>		<b>2128.65</b>	
<b>E2508</b>	<b>SGD, spelling phys contact</b>		<b>Y</b>		<b>7/1/13</b>		<b>3291.58</b>	
<b>E2510</b>	<b>SGD, w multi methods msg</b>		<b>Y</b>		<b>7/1/13</b>		<b>6228.89</b>	
<b>E2512</b>	<b>SGD, accessory, mounting system</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E2599</b>	<b>SGD accessory, not otherwise classified</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>ADDITIONAL WHEELCHAIR ACCESSORIES (CUSHIONS) &amp; GAIT TRAINERS</b>								
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth				7/1/13		48.51	
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth				7/1/13		94.71	
E2603	Skin protection wheelchair seat cushion wth less than 22 inches, any depth				7/1/13		120.24	
E2604	Skin protection wheelchair seat cushion wth 22 inches or greater, any depth				7/1/13		149.46	
E2605	Positioning wheelchair seat cushion, wth less than 22 inches, any depth				7/1/13		213.51	
E2606	Positioning wheelchair seat cushion, wth 22 inches or greater, any depth				7/1/13		333.10	
E2607	Skin protection & positioning wheelchair cushion, wth less than 22 inch				7/1/13		229.92	
E2608	Skin protection & positioning wheelchair cushion, wth 22 inches or greater				7/1/13		276.11	
<b>E2609</b>	<b>Custom fabricated wheelchair seat cushion, any size</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>E2610</b>	<b>Wheelchair seat cushion, powered</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
E2611	General use wheelchair back cushion, wth less than 22 inched, any hgth				7/1/13		247.77	
E2612	General use wheelchair back cushion, wth 22 inches or greater, any hgth				7/1/13		335.17	
E2613	Positioning w/c bck cush, posterior, wth less than 22 inches, any hgth, hrdw				7/1/13		311.76	
E2614	Positioning w/c bck cush, posterior, wth 22 inches or greater, any hgth, hdw				7/1/13		431.46	
E2615	Positioning w/c bck cush, posterior-lateral, wth less than 22 inches, any hgt				7/1/13		358.79	
E2616	Positioning w/c bck cush, post-lateral, wth 22 inches or greater, any hgth				7/1/13		482.74	
<b>E2617</b>	<b>Custom fab wheelchair back cushion, any size, inc hardware</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	

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E2619	Replacement cover for wheelchair cushion or back cushion, each				7/1/13		40.70	
E2620	Positioning wheelchair back cush, planar back w/lateral supports, < 22 inch				7/1/13	43.44	434.44	
E2621	Positioning wheelchair back cush, planar cack w/lat supp 22 inches or >				7/1/13	45.59	455.91	
E2622	Ajustable skin protect seat <22IN				7/1/13	26.29	262.92	
E2623	Ajustable skin protect seat <22IN				7/1/13	33.46	334.56	
E2624	Ajustable skin protect/positioning seat <22IN				7/1/13	26.51	265.09	
E2625	Ajustable skin protect/positioning seat >22IN				7/1/13	33.56	335.58	
E2626	W/C access, shldr elbow mobile arm support adjustable				7/1/13	56.48	564.83	
E2627	W/C access, shldr elbow mobile arm support adjustable, rancho type				7/1/13	77.53	775.32	
E2628	W/C access, shldr elbow mobile arm support adjustable, reclining				7/1/13	67.69	676.86	
E2629	W/C access, shldr elbow mobile arm support adjustable, friction type				7/1/13	86.96	869.57	
E2630	W/C access, shldr elbow mobile arm support adjustable, yoke type				7/1/13	60.81	608.09	
E2631	W/C access, addition to mobile arm support elevating proximal				7/1/13	24.32	243.24	
E2632	W/C access, addition to mobile arm support offst or lat rocker arm w/elas				7/1/13	15.47	154.67	
E2633	W/C access, addition to mobile arm support supinator				7/1/13	13.12	131.19	
<b>E8000</b>	<b>Gait trainer, pediatric size, post support, incl all accessories &amp; components</b>		<b>Y</b>		<b>7/1/13</b>		<b>I/C</b>	<b>N</b>
<b>E8001</b>	<b>Gait trainer, pediatric size, upright support, incl all accessories &amp; components</b>		<b>Y</b>		<b>7/1/13</b>		<b>I/C</b>	<b>N</b>
<b>E8002</b>	<b>Gait trainer, pediatric size, anterior support, incl all accessories &amp; components</b>		<b>Y</b>		<b>7/1/13</b>		<b>I/C</b>	<b>N</b>
<b>K CODES (TEMPORARY) K0000-K9999 ASSIGNED TO DME</b>								
K0001	Standard wheelchair				7/1/13	49.02	490.20	
K0002	Stnd hemi (low seat) whlchr				7/1/13	75.30	753.02	
K0003	Lightweight wheelchair				7/1/13	74.24	742.39	
K0004	High strength ltwt whlchr				7/1/15	104.54	1045.42	
<b>K0005</b>	<b>Ultralightweight wheelchair</b>		<b>Y</b>		<b>7/1/13</b>	<b>170.14</b>	<b>1701.44</b>	
K0006	Heavy duty wheelchair				7/1/15	98.11	981.07	
<b>K0007</b>	<b>Extra Heavy duty wheelchair</b>		<b>Y</b>		<b>7/1/13</b>	<b>157.08</b>	<b>1570.80</b>	
<b>K0009</b>	<b>Other manual wheelchair base</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>K0010</b>	<b>Standard weight frame power wheelchair</b>		<b>Y</b>		<b>7/1/13</b>	<b>376.75</b>	<b>3767.54</b>	
<b>K0011</b>	<b>Standard weight power wheelchair w/control</b>		<b>Y</b>		<b>7/1/13</b>	<b>459.82</b>	<b>4598.16</b>	
<b>K0012</b>	<b>Light weight portable power wheelchair</b>		<b>Y</b>		<b>7/1/13</b>	<b>282.06</b>	<b>2820.56</b>	
<b>K0014</b>	<b>Other power wheelchair base</b>		<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
K0015	Detach non-adjust hght armrst				7/1/13	16.72	167.22	
K0017	Detach adjust armrest base				7/1/13		405.37	
K0018	Detach adjust armrst upper				7/1/13		22.64	
K0019	Arm pad each				7/1/13		15.05	
K0020	Fixed adjust armrest pair				7/1/13		36.86	
K0037	High mount flip-up footrest				7/1/13		38.20	
K0038	Leg strap each				7/1/13		19.25	
K0039	Leg strap in stype each				7/1/13		42.74	
K0040	Adjustable angle footplate				7/1/13		59.23	
K0041	Large size footplate each				7/1/13		41.97	



HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
K0042	Standard size footplate each				7/1/13		28.90	
K0043	First lower extension tube				7/1/13		15.48	
K0044	First upper hanger bracket				7/1/13		13.19	
K0045	Footrest complete assembly				7/1/13		52.11	
K0046	Elevating legrest, lower extension tube, each				7/1/13		15.48	
K0047	Elevating legrest, upper hanger bracket, each				7/1/13		60.66	
K0050	Ratchet assembly				7/1/13		25.78	
K0051	Cam release assem frst/lgrst				7/1/13		41.73	
K0052	Swingaway detach footrest				7/1/13		73.33	
K0053	Elevat footrest articulate				7/1/13		80.92	
K0056	Seat ht <17 or >= 21 ltwt wc				7/1/13		87.52	
K0065	Spoke protectors				7/1/13		40.91	
K0069	Rear whl complete solid tire				7/1/13		91.97	
K0070	Rear whl compl pneum tire				7/1/13		168.56	
K0071	Front castr compl pneum tire				7/1/13		100.55	
K0072	Frnt cstr crmpl sem-pneum tir				7/1/13		60.53	
K0073	Caster pin lock, each				7/1/13		30.80	
K0077	Front castr assemble, complete,wsolid tire				7/1/13		54.16	
K0105	IV Hanger, each				7/1/13		91.50	
<b>K0108</b>	<b>Wheelchair component or accessory, not otherwise classified</b>		<b>Y</b>		<b>7/1/13</b>		<b>I/C</b>	
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)				7/1/13	16.13	161.33	
<b>MISCELLANEOUS</b>								
K0552	Supplies for external infusion pmp, syrng type cartridge, sterile	Y/12 mos		20 per month	7/1/13		2.44	
K0601	Replacement battery, silver oxide 1.5 volts	Y/12 mos			7/1/13		1.02	
K0602	Replacement battery, silver oxide 3.0 volts	Y/12 mos			7/1/13		5.85	
K0603	Replacement battery, alkaline 1/5 volts	Y/12 mos			7/1/13		0.52	
K0604	Replacement battery, lithium 3.6 volts	Y/12 mos			7/1/13		5.59	
K0605	Replacement battery, lithium 4.5 volts	Y/12 mos			7/1/13		13.44	
<b>K0606</b>	<b>Auto external defib, w/integrated electrocardiogram analysis, garment type</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>2317.59</b>		
K0607	Replace battery for AED	Y/12 mos			7/1/13		178.76	
<b>K0669</b>	<b>Wheelchair accessory, seat or back cushion</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>I/C</b>	<b>I/C</b>	
<b>K0730</b>	<b>Controlled dose inhalation drug delivery system</b>	<b>Y/12 mos</b>	<b>Y</b>		<b>7/1/13</b>	<b>158.66</b>	<b>1586.63</b>	
K0733	Battery for power wheelchair, 12-24 amp hour, sealed lead acid	Y/12 mos			7/1/13		23.96	
K0738	Portable Oxygen, concentrator, rental	Y/12 mos			7/1/13	46.47		
<b>REPAIRS</b>								
K0739	Repair of purchased DME (labor component, per 15 minutes)			12 units	7/1/13		12.15	
<b>POWER WHEELCHAIRS</b>								
<b>K0800</b>	<b>POV Group 1, std, up to 300 lbs.</b>				<b>7/1/15</b>	<b>102.54</b>	<b>1025.45</b>	
<b>K0801</b>	<b>POV, Group 1, heavy duty, 301-450 lbs.</b>		<b>Y</b>		<b>7/1/13</b>	<b>165.32</b>	<b>1653.24</b>	
<b>K0802</b>	<b>POV, Group 1, very heavy duty, 451-600 lbs.</b>		<b>Y</b>		<b>7/1/13</b>	<b>187.09</b>	<b>1870.94</b>	
<b>K0806</b>	<b>POV, Group 2, std, up to 300 lbs.</b>				<b>7/1/15</b>	<b>124.05</b>	<b>1240.52</b>	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purchase Price (NU)	Medicare Coverage
K0807	POV, Group 2, heavy duty, 301-450 lbs.		Y		7/1/13	188.24	1882.35	
K0808	POV, Group 2, very heavy duty, 451-600 lbs.		Y		7/1/13	291.24	2912.39	
K0812	POV, not otherwise classified (noc)		Y		7/1/13	I/C	I/C	
K0813	PWC, Group 1, std, portable, sling/solid seat and back		Y		7/1/13	287.03	2870.28	
K0814	PWC, Group 1, std, port captains chair, up to and including 300 lbs.		Y		7/1/13	367.43	3674.30	
K0815	PWC, Group 1, std, seat and back, up to and including 300 lbs.		Y		7/1/13	418.36	4183.62	
K0816	PWC, Group 1, std, captains chair, up to and including 300 lbs.		Y		7/1/13	400.67	4006.73	
K0820	PWC, Group 2, std, port, seat and back, up to and including 300 lbs.		Y		7/1/13	306.59	3065.87	
K0821	PWC, Group 2, std, port, captians chair, up to and including 300 lbs.		Y		7/1/13	393.56	3935.59	
K0822	PWC, Group 2, std, sl/sd seat and back, up to and including 300 lbs.		Y		7/1/13	475.63	4756.35	
K0823	PWC, Group 2, std, captians chair, up to and including 300 lbs.		Y		7/1/13	478.77	4787.71	
K0824	PWC, Group 2, std, heavy duty, sling/solid seat and back, 301-450 lbs.		Y		7/1/13	576.19	5761.90	
K0825	PWC, Group 2, heavy duty, captians chair, 301-450 lbs.		Y		7/1/13	527.50	5275.02	
K0826	PWC, Group 2, very heavy duty, sling/solid seat and back, 451-600 lbs.		Y		7/1/13	745.96	7459.60	
K0827	PWC, Group 2, very heavy duty, captians chair, 451-600 lbs.		Y		7/1/13	634.28	6342.79	
K0828	PWC, Group 2, extra heavy duty, sling/solid seat and back, 601 lbs or more		Y		7/1/13	821.96	8219.59	
K0829	PWC, Group 2, extra heavy duty, captians chair, 600 lbs. or more		Y		7/1/13	754.81	7548.09	
K0830	PWC, Group 2, std, seat elevator sling/solid seat and back, up to and including 300 lbs.		Y		7/1/13	293.44	2934.40	
K0831	PWC, Group 2, std, seat elevator, captians chair, up to and including 300 lbs.		Y		7/1/13	293.44	2934.40	
K0835	PWC, Group 2, std, sing power opt., sl/sd seat and back, up to and including 300 lbs.		Y		7/1/13	482.77	4827.66	
K0836	PWC, Group 2, std, sing power opt., captians chair, up to and including 300 lbs.		Y		7/1/13	500.65	5006.50	
K0837	PWC, Group 2, heavy duty, sing power opt., sl/sd seat and back, 301-450 lbs.		Y		7/1/13	576.19	5761.90	
K0838	PWC, Group 2, heavy duty, sing power opt., captians chair, 301-450 lbs.		Y		7/1/13	515.46	5154.57	
K0839	PWC, Group 2, very heavy duty, single powr opt., sl/sd seat and back, 451-600 lbs		Y		7/1/13	745.96	7459.60	
K0840	PWC, Group 2, extra heavy duty, sing power opt., sl/sd seat and back, 601 or more lbs.		Y		7/1/13	1130.11	11301.09	
K0841	PWC, Group 2, std, multiple power opt., sl/sd seat and back, up to including 300 lbs.		Y		7/1/13	513.85	5138.51	
K0842	PWC, Group 2, std, multiple power opt., captians chair, up to and including 300 lbs.		Y		7/1/13	513.85	5138.51	
K0843	PWC, Group 2, heavy duty, multiple power opt., sl/sd seat and back, 301-450 lbs.		Y		7/1/13	618.66	6186.64	
K0848	PWC, Group 3, std, sling/solid seat and back, up to and including 300 lbs.		Y		7/1/13	628.75	6287.45	
K0849	PWC, Group 3, std, captians chair, up to and including 300 lbs.		Y		7/1/13	604.52	6045.20	
K0850	PWC, Group 3, heavy duty, sling/solid seat and back, 301-450 lbs.		Y		7/1/13	729.33	7293.34	
K0851	PWC, Group 3, heavy duty, captians chair, 301-450 lbs.		Y		7/1/13	701.25	7012.50	
K0852	PWC, Group 3, very heavy duty, sling/solid seat and back, 401-600 lbs.		Y		7/1/13	842.70	8426.99	
K0853	PWC, Group 3, very heavy duty, captians chair, 451-600 lbs.		Y		7/1/13	865.67	8656.66	
K0854	PWC, Group 3, extra heavy duty, sling/solid seat and back, 601 lbs or more		Y		7/1/13	1146.81	11468.12	
K0855	PWC, Group 3, extra heavy duty, captians chair, 601 lbs or more		Y		7/1/13	1083.33	10833.34	
K0856	PWC, Group 3, std, sing power opt., sl/sd seat and back, up to and including 300 lbs.		Y		7/1/13	674.90	6749.00	
K0857	PWC, Group 3, std, sing power opt., captians chair, up to and including 300 lbs.		Y		7/1/13	688.42	6884.24	
K0858	PWC, Group 3, heavy duty, sing power opt., sl/sd seat and back, 301-450 lbs.		Y		7/1/13	837.36	8373.61	
K0859	PWC, Group 3, heavy duty, sing power opt., captians chair, 301-450 lbs.		Y		7/1/13	798.58	7985.75	
K0860	PWC, Group 3, very heavy duty, sing power opt., sl/sd seat and back, 451-600 lbs.		Y		7/1/13	1196.26	11962.65	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
K0861	PWC, Group 3, multiple power opt., sl/sd seat and back, up to and including 300 lbs.		Y		7/1/13	675.98	6759.80	
K0862	PWC, Group 3, heavy duty, multiple power opt, sl/sd seat and back, 301-450 lbs.		Y		7/1/13	837.36	8373.61	
K0863	PWC, Group 3, very heavy duty, multiple power opt, sl/sd seat and back, 451-600 lbs.		Y		7/1/13	1196.26	11962.65	
K0864	PWC, Group 3, x-heavy duty, multiple power opt, sl/sd seat and back, 601 lbs or more		Y		7/1/13	1423.56	14235.63	
K0868	PWC, Group 4, std, sling/solid seat and back, up to and including 300 lbs.		Y		7/1/13	I/C	I/C	
K0869	PWC, Group 4, std, captains chair, up to and including 300 lbs.		Y		7/1/13	I/C	I/C	
K0870	PWC, Group 4, heavy duty, sling/solid seat/back, 301-450 lbs.		Y		7/1/13	I/C	I/C	
K0871	PWC, Group 4, very heavy duty, sling/solid seat/back, 451-600 lbs.		Y		7/1/13	I/C	I/C	
K0877	PWC, Group 4, std, sing power opt., sl/sd seat and back, up to and including 300 lbs.		Y		7/1/13	I/C	I/C	
K0878	PWC, Group 4, std, sing power opt., captain's chair, up to and including 300 lbs.		Y		7/1/13	I/C	I/C	
K0879	PWC, Group 4, heavy duty, sing power opt., sl/sd seat and back, 301-450 lbs.		Y		7/1/13	I/C	I/C	
K0880	PWC, Group 4, very heavy duty, sing power opt., sl/sd seat and back, 451-600 lbs.		Y		7/1/13	I/C	I/C	
K0884	PWC, Group 4, std, mult power opt., sl/sd seat and back, up to and including 300 lbs.		Y		7/1/13	I/C	I/C	
K0885	PWC, Group 4, std, multiple power opt., captians chair, up to and including 300 lbs.		Y		7/1/13	I/C	I/C	
K0886	PWC, Group 4, heavy duty, multiple power opt., sl/sd seat and back 301-450 lbs.		Y		7/1/13	I/C	I/C	
K0890	PWC, Group 5, ped. sing power opt. sl/sd seat and back, up to and including 125 lbs.		Y		7/1/13	I/C	I/C	
K0891	PWC, Group 5, ped. mult power opt., sl/sd seat and back, up to and including 125 lbs.		Y		7/1/13	I/C	I/C	N

**ORTHOTIC DEVICES - SPINAL**

L0112	Cranial cervical orthosis			2 per year	7/1/13		1084.15	
L0120	Cerv flexible non-adjustable			2 per year	7/1/13		20.76	
L0130	Flex thermoplastic collar mo			2 per year	7/1/13		146.68	
L0140	Cervical semi-rigid adjustab			2 per year	7/1/13		48.50	
L0150	Cerv rig adj molded chn			2 per year	7/1/13		88.98	
L0160	Cerv semi-rig wire occ/mand			2 per year	7/1/13		116.22	
L0170	Cervical molded to patient model			2 per year	7/1/13		478.57	
L0172	Cerv col thermplas foam 2 pi			2 per year	7/1/13		103.77	
L0174	Cerv col foam 2 piece w thor			2 per year	7/1/13		203.85	
L0180	Cervical , multiple post collar, occipital/mandibular supports, adj.			2 per year	7/1/13		282.67	
L0190	Cerv collar supp adj cerv ba			2 per year	7/1/13		367.59	
L0200	Cerv col supp adj bar & thor			2 per year	7/1/13		383.21	
L0220	Thoracic rib belt custom fabrica			2 per year	7/1/13		104.65	

**THORACIC-LUMBAR-SACRAL ORTHOSIS (TLSO)**

L0450	TLSO, flexible, trnk spprt, upper thoracic, prefab, incld ftng & adj			2 per year	7/1/13		131.39	
L0452	TLSO, flexible, trnk spprt, upper thoracic, custom, incld ftng & adj		Y	1 per year	7/1/13	I/C	I/C	
L0454	TLSO, trnk spprt, extds from sacroccocygeal, prefab, incld ftng & adj			2 per year	7/1/13		268.65	
L0456	TLSO, trnk spprt, thoracic region, prefab, incld ftng & adj			2 per year	7/1/13		770.41	
L0458	TLSO, Triplanar Control, modular segmnt spnl system, two rigid plst shll			2 per year	7/1/13		690.81	
L0460	TLSO, (same as L0458 -anterior exts from symphs pubis to sternal notch			2 per year	7/1/13		777.55	
L0462	TLSO, (same as L0460 with three rigid plastic shells)			2 per year	7/1/13		967.16	
L0464	TLSO, (same as L0460 & L0462 with four rigid plastic shells			2 per year	7/1/13		1151.38	
L0466	TLSO, Saggital Control, rigid posterior frame and flex soft anterior apron			2 per year	7/1/13		279.85	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L0468	TLSO, Saggital Control, (same as L0466 extends from sacrococcygeal)			2 per year	7/1/13		370.75	
L0470	TLSO, Triplanar Control, rigid posterior frame and flex soft anterior aprn			2 per year	7/1/13		473.11	
L0472	TLSO, hyperextension, rigid anterior and lateral fram ext from symphysis			2 per year	7/1/13		300.05	
L0480	TLSO, Triplanar control, one piece rigid plastic shell w/out interface lnr			2 per year	7/1/13		1056.66	
L0482	TLSO, (same as L0480 - with interface liner)			2 per year	7/1/13		1227.35	
L0484	TLSO, Triplanar Control, two piece (same as L0482), lateral strngth, cf			2 per year	7/1/13		1318.75	
L0486	TLSO, Triplanar Control, otwo piece (s/a L0484). Pstr ext cust fab			2 per year	7/1/13		1399.13	
L0488	TLSO, Triplanar Control, one piece (s/a L0482) prefab, incl ftng & adjts			2 per year	7/1/13		777.55	
L0490	TLSO, Triplanar, one piece rigid plastic shell, w/overlapping reinfrc ant			2 per year	7/1/13		219.13	
L0491	TLSO, Sagittal-coronal control, modular segmented spinal system, two rigid			2 per year	7/1/13		594.90	
L0492	TLSO, Sagittal-coronal control, modular segmented spinal system, three rigid			2 per year	7/1/13		391.25	
<b>LUMBAR-SACRAL ORTHOSIS (LSO)</b>								
<b>CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO)</b>								
L0621	Sacroliac orthosis, flexible, provides pelvic-sacral support, prefabricated			2 per year	7/1/13		68.43	
L0622	Sacroliac orthosis, flexible, provides pelvic-sacral support,custom fabricated			2 per year	7/1/13		224.13	
L0623	Sacroliac orthosis, prvds plvc-sacl supprt,w/rigid or semi rigid panels, prefab		Y	2 per year	7/1/13	I/C	I/C	
L0624	Sacroliac orthosis, prvds plvc-sacl spprt, custom fabricated		Y	2 per year	7/1/13	I/C	I/C	
L0625	Lumbar Orthosis (LO), flexible, prvds lmbr suport, post ext fr L-1 to L-5, prfb			2 per year	7/1/13		42.66	
L0626	Lumbar Orthosis, sagittal control, w/rigid post panel(s), prefabricated			2 per year	7/1/13		60.37	
L0627	Lumbar Orthosis, sagittal control, w/rigid post & anterior panel(s), prefab			2 per year	7/1/13		318.40	
L0628	Lumbar-sacral orthosis, flexible, prefabricated			2 per year	7/1/13		64.99	
L0629	Lumbar-sacral orthosis, flexible, custom fabricated		Y	2 per year	7/1/13	I/C	I/C	
L0630	Lumbar-sacral orthosis, sagittal control, prefabricated			2 per year	7/1/13		125.45	
L0631	Lumbar-sacral orths, w/rigid anterior & posterior, prefab			2 per year	7/1/13		795.18	
L0632	Lumbar-sacral orthosis, sagittal control, custom fabricated		Y	2 per year	7/1/13	I/C	I/C	
L0633	Lumbar-sacral orthosis, sagittal-coronal control, pre fabricated			2 per year	7/1/13		222.12	
L0634	Lumbar-sacral orthosis, sagittal-coronal control, custom fabricated		Y	2 per year	7/1/13	I/C	I/C	
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, pre fabricated			2 per year	7/1/13		710.30	
L0636	Lumbar-sacral orthosis, sagittal-coronal contro, lumbar flexion, custom fab			2 per year	7/1/13		1051.51	
L0637	Lumbar-sacral orthosis, sagittal-coronal, w/rigid ant & post frame/panels, prf			2 per year	7/1/13		832.14	
L0638	Lumbar-sacral orthosis, sagittal-crnl, w/rigid ant & post frame/panels, cust fb			2 per year	7/1/13		1021.62	
L0639	Lumbar-sacral orthosis, saggital-crnl control, rigid shell/panel, pre fab			2 per year	7/1/13		832.14	
L0640	Lumbar-sacral orthosis, saggital-crnl control, rigid shell/panel, custom fab			2 per year	7/1/13		810.54	
L0650	Lumbar-sacral orthosis, saggital-crnl control, rigid shell/panel, off the shelf			2 per year	<b>1/1/16</b>		832.14	
L0700	Ctlso a-p-l control molded			2 per year	7/1/13		1517.00	
L0710	Ctlso a-p-l control w/inter			2 per year	7/1/13		1549.81	
<b>HALO PROCEDURE</b>								
L0810	Halo cervical into jckt vest			2 per year	7/1/13		1938.23	
L0820	Halo cervical into body jack			2 per year	7/1/13		1739.69	
L0830	Halo cerv into Milwaukee typ			2 per year	7/1/13		2451.73	
L0859	Addition to Halo procedure, magnetic resonance image, any material			2 per year	7/1/13		1021.74	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L0861	Halo replacement liner/interface			2 per year	7/1/13		166.96	
<b>TORSO SUPPORT ADDITIONS TO SPINAL ORTHOSIS</b>								
L0970	TLSO corset front			4 per year	7/1/13		99.78	
L0972	LSO corset front			2 per year	7/1/13		89.62	
L0974	TLSO full corset			2 per year	7/1/13		133.08	
L0976	LSO full corset			1 per year	7/1/13		118.65	
L0978	Axillary crutch extension			1 per year	7/1/13		156.63	
L0980	Peroneal straps pair			1 per year	7/1/13		17.10	
L0982	Stocking supp grips set of f			2 per year	7/1/13		12.09	
L0984	Protective body sock each			7 per year	7/1/13		50.17	
L0999	Addition to spinal orthosis, NOS		Y	2 per year	7/1/13	I/C	I/C	
<b>CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE) SCOLIOSIS PROCEDURES</b>								
L1000	Ctso Milwaukee initial model			2 per year	7/1/13		1522.00	
L1001	Ctso infant immobilizer		Y	50 per year	7/1/13	I/C	I/C	
L1010	Ctso axilla sling			2 per year	7/1/13		49.80	
L1020	Kyphosis pad floating			2 per year	7/1/13		64.14	
L1025	Addtl to CTLSO or scoliosis, kyphosis pad, floating			2 per year	7/1/13		122.43	
L1030	Lumbar bolster pad			2 per year	7/1/13		47.20	
L1040	Lumbar or lumbar rib pad			2 per year	7/1/13		61.77	
L1050	Sternal pad			2 per year	7/1/13		74.47	
L1060	Thoracic pad			2 per year	7/1/13		89.32	
L1070	Trapezius sling			2 per year	7/1/13		87.22	
L1080	Outrigger			2 per year	7/1/13		49.07	
L1085	Outrigger bil w/vert extens			2 per year	7/1/13		132.72	
L1090	Lumbar sling			2 per year	7/1/13		87.81	
L1100	Ring flange plastic/leather			2 per year	7/1/13		140.22	
L1110	Ring flange plastic/leather mol			2 per year	7/1/13		189.52	
L1120	Cover for upright each			2 per year	7/1/13		32.05	
<b>THORACIC-LUMBAR SACRAL ORTHOSIS (TLSO) (LOW PROFILE)</b>								
L1200	furnish initial orthosis only			2 per year	7/1/13		1162.69	
L1210	lateral thoracic extension			2 per year	7/1/13		194.17	
L1220	Anterior thoracic extension			2 per year	7/1/13		185.48	
L1230	Milwaukee type superstructur			2 per year	7/1/13		475.46	
L1240	Lumbar derotation pad			2 per year	7/1/13		64.27	
L1250	Anterior asis pad			2 per year	7/1/13		64.27	
L1260	Anterior thoracic derotation			2 per year	7/1/13		65.63	
L1270	Abdominal pad			2 per year	7/1/13		66.67	
L1280	Rib gusset (elastic) each			2 per year	7/1/13		76.69	
L1290	Lateral trochanteric pad			2 per year	7/1/13		60.71	
<b>OTHER SCOLIOSIS PROCEDURES</b>								

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L1300	Body jacket mold to patient			1 per year	7/1/13		1366.84	
L1310	Post-operative body jacket			1 per year	7/1/13		1404.45	
L1499	Spinal othosis NOS		Y	10 per year	7/1/13	I/C	I/C	
<b>HIP ORTHOSIS (HO) - FLEXIBLE</b>								
L1600	Abduct hip flex frejka w cvr			4 per year	7/1/13		95.63	
L1610	Abduct hip flex frejka covr			4 per year	7/1/13		42.19	
L1620	Abduct hip flex pavlik hame			2 per year	7/1/13		119.52	
L1630	Abduct control hip semi-flex			2 per year	7/1/13		125.75	
L1640	Pelv band/spread bar thigh c			2 per year	7/1/13		382.77	
L1650	HO abduction hip adjustable			2 per year	7/1/13		193.69	
L1652	HO, bilateral thigh cuffs/adj abdc spreader bar, adult size, pre fab			2 per year	7/1/13		276.11	
L1660	HO abduction static plastic			2 per year	7/1/13		127.00	
L1680	Pelvic & hip control thigh c			2 per year	7/1/13		904.15	
L1685	Post-op hip abduct custom fa			2 per year	7/1/13		922.73	
L1686	HO post-op hip abduction			2 per year	7/1/13		852.02	
L1690	Combination bilateral HO			2 per year	7/1/13		1497.88	
<b>LEG PERTHES</b>								
L1700	Leg perthes orth toronto typ			2 per year	7/1/13		1133.22	
L1710	Legg perthes orth newington			2 per year	7/1/13		1326.56	
L1720	Legg perthes orthosis trilat			2 per year	7/1/13		977.83	
L1730	Legg perthes orth scottish r			2 per year	7/1/13		839.87	
L1755	Legg perthes pattn bottom t			2 per year	7/1/13		1332.81	
<b>KNEE-ANKLE-FOOT ORTHOSIS (KAFO) - OR ANY COMBINATION</b>								
L1810	KO elastic with joints			2 per year	7/1/13		73.08	
L1812	KO elastic w/joints pre ots			2 per year	1/1/17		73.81	
L1820	KO elas w/condyle pads & jo			2 per year	7/1/13		113.23	
L1830	KO immobilizer canvas longit			2 per year	7/1/13		68.84	
L1831	KO pos locking joint			4 per year	7/1/13		227.98	
L1832	KO adj jnt pos rigid support			2 per year	7/1/13		524.82	
L1833	KO adj jnt pos r sup pre otsko			2 per year	1/1/16		535.87	
L1834	KO w/O joint rigid molded to			2 per year	7/1/13		576.04	
L1836	KO, regid, rigid, w/o joints (s), includes soft interface material, prefab			2 per year	7/1/13		103.36	
L1840	KO derot ant cruciate custom			2 per year	7/1/13		767.30	
L1843	KO single upright custom fit			2 per year	7/1/13		695.02	
L1844	KO w/adj rot cntrl molded			2 per year	7/1/13		1204.69	
L1845	KO w/ adj flex/ext rotat cus			2 per year	7/1/13		721.23	
L1846	KO w adj flex/ext rotat mold			2 per year	7/1/13		884.31	
L1847	KO adjustable w air chambers			2 per year	7/1/13		445.53	
L1850	KO Swedish type			2 per year	7/1/13		225.57	
L1860	KO supracondylar socket mold			2 per year	7/1/13		796.28	
<b>ANKLE-FOOT ORTHOSIS (AFO)</b>								

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L1900	AFO spring wire drsflx calf bd			2 per year	7/1/13		200.19	
L1902	AFO ankle gauntlet			4 per year	7/1/13		69.18	
L1904	AFO molded ankle gauntlet			2 per year	7/1/13		416.01	
L1906	AFO multiligamentus ankle su			2 per year	7/1/13		89.24	
L1907	AFO supramalleolar custom			4 per year	7/1/13		435.85	
L1910	AFO sing bar clasp attach sh			2 per year	7/1/13		202.68	
L1920	AFO sing upright w/adjust s			2 per year	7/1/13		259.43	
L1930	AFO plastic			2 per year	7/1/13		175.55	
L1932	AFO, rigid anterior tib sect, total carb or equal , prefab, inc fit & adjustments			2 per year	7/1/13		691.22	
L1940	AFO molded to patient plastic			2 per year	7/1/13		366.99	
L1945	AFO molded plas rig ant tib			2 per year	7/1/13		877.40	
L1950	AFO spiral molded to pt plas			2 per year	7/1/13		581.77	
L1951	AFO spiral prefabricated			2 per year	7/1/13		650.54	
L1960	AFO pos solid ank plastic mo			2 per year	7/1/13		438.78	
L1970	AFO plastic molded w/ankle j			4 per year	7/1/13		528.03	
L1971	AFO w/anke joint, prefab			4 per year	7/1/13		363.08	
L1980	AFO sing solid stirrup calf			2 per year	7/1/13		272.34	
L1990	AFO doub solid stirrup calf			2 per year	7/1/13		330.78	
<b>KNEE-ANKLE-FOOT ORTHOSIS (KAFO) - OR ANY COMBINATION</b>								
L2000	KAFO sing fre stirr thi/calf			4 per year	7/1/13		783.67	
L2005	KAFO, any material, single or double upright, contro, auto lock			2 per year	7/1/13		3174.10	
L2010	KAFO sng solid stirrup w/o j			2 per year	7/1/13		731.04	
L2020	KAFO dbl solid stirrup band/			2 per year	7/1/13		920.48	
L2030	KAFO dbl solid stirrup w/o j			2 per year	7/1/13		835.59	
L2034	KAFO full plastic, single upright, custom fabricated			2 per year	7/1/13		1578.25	
L2035	KAFO plastic pediatric size			2 per year	7/1/13		135.54	
L2036	KAFO plastic double free knee motion			2 per year	7/1/13		1426.73	
L2037	KAFO plastic single free knee motion			2 per year	7/1/13		1331.07	
L2038	KAFO, full plastic, with or w/o free motion knee, multi-axis ankle, custom fab			2 per year	7/1/13		1352.16	
<b>TORSION CONTROL; HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO)</b>								
L2040	HKAFO torsion bil rot straps			2 per year	7/1/13		163.99	
L2050	HKAFO torsion cable hip pelv			2 per year	7/1/13		353.50	
L2060	HKAFO torsion ball bearing j			2 per year	7/1/13		430.84	
L2070	HKAFO torsion unilat rot strap			2 per year	7/1/13		110.63	
L2080	HKAFO unilat torsion cable			2 per year	7/1/13		266.91	
L2090	AFO tib fx cast synthetic mo			2 per year	7/1/13		325.39	
L2106	AFO tib fx cast plaster mold			2 per year	7/1/13		504.54	
L2108	AFO tib fx cast molded to pt			2 per year	7/1/13		878.50	
L2112	AFO tibial fracture soft			2 per year	7/1/13		404.06	
L2114	AFO tib fx semi-rigid			2 per year	7/1/13		506.81	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L2116	AFO tibial fracture rigid			2 per year	7/1/13		583.13	
L2126	KAFO fem fx cast thermoplas			2 per year	7/1/13		975.48	
L2128	KAFO fem fx cast molded to p			2 per year	7/1/13		1381.34	
L2132	KAFO femoral fx cast soft			2 per year	7/1/13		748.90	
L2134	KAFO fem fx cast semi-rigid			2 per year	7/1/13		799.15	
L2136	KAFO femoral fx cast rigid			2 per year	7/1/13		953.84	
<b>ADDITIONS TO FRACTURE ORTHOSIS</b>								
L2180	Plas shoe insert w ank joint			2 per year	7/1/13		89.02	
L2182	Drop lock knee			4 per year	7/1/13		73.76	
L2184	Limited motion knee joint			4 per year	7/1/13		100.82	
L2186	Adj motion knee jnt lerman t			4 per year	7/1/13		139.85	
L2188	Quadrilateral brim			4 per year	7/1/13		267.82	
L2190	Waist belt			4 per year	7/1/13		69.21	
L2192	Pelvic band & belt thigh fla			6 per year	7/1/13		303.87	
L2200	Limited ankle motion ea jnt			6 per year	7/1/13		35.28	
L2210	Dorsiflexion assist each joi			6 per year	7/1/13		51.07	
<b>ADDITIONS TO LOWER EXTREMITY ORTHOSIS, SHOE-ANKLE SHIN-KNEE</b>								
L2220	Dorsi & plantar flex ass/res			6 per year	7/1/13		60.78	
L2230	Split flat caliper stirr & p			6 per year	7/1/13		56.94	
L2232	Additions to lower extremity orthosis, rocker bottom for total AFO, cust fab only			2 per year	7/1/13		77.09	
L2240	Roung caliper and plate atta			6 per year	7/1/13		70.47	
L2250	Foot plate molded stirrup at			6 per year	7/1/13		285.73	
L2260	Reinforced solid stirrup			6 per year	7/1/13		148.76	
L2265	Long tongue stirrup			6 per year	7/1/13		87.39	
L2270	Varus/Valgus strap padded/li			6 per year	7/1/13		40.98	
L2275	Plastic mod low ext pad/line			6 per year	7/1/13		96.60	
L2280	Molded inner boot			2 per year	7/1/13		337.82	
L2300	Abduction bar jointed adjust			2 per year	7/1/13		211.81	
L2310	Abducted bar-straight			2 per year	7/1/13		106.07	
L2320	Non-molded to patient mode			2 per year	7/1/13		152.69	
L2330	Lacer molded to patient mode			2 per year	7/1/13		319.60	
L2335	Anterior swing band			2 per year	7/1/13		197.32	
L2340	Pre-tibial shell molded to p			2 per year	7/1/13		427.18	
L2350	Prosthetic type socket mold			2 per year	7/1/13		737.78	
L2360	Extended steel shank			6 per year	7/1/13		38.39	
L2370	Patten bottom			2 per year	7/1/13		248.80	
L2375	Torsion ank & half solid sti			4 per year	7/1/13		105.09	
L2380	Torsion straight knee joint			4 per year	7/1/13		91.36	
L2385	Straight knee joint heavy du			6 per year	7/1/13		99.40	
L2387	Addition to lower extremity Polycentric knee joint, for custom fab knee			6 per year	7/1/13		143.21	
L2390	Offset knee joint each			6 per year	7/1/13		83.22	



HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L2395	Offset knee joint heavy duty			4 per year	7/1/13		116.10	
L2397	Suspension sleeve lower ext			4 per year	7/1/13		90.47	
<b>ADDITIONS TO STRAIGHT KNEE OR OFFSET KNEE JOINTS</b>								
L2405	Addition to knee joint, drop lock, each			6 per year	7/1/13		67.53	
L2415	Knee joint cam lock each joi			6 per year	7/1/13		94.07	
L2425	Knee disc/dial lock/adj flex			6 per year	7/1/13		111.04	
L2430	Knee jnt ratchet lock ea jnt			4 per year	7/1/13		111.04	
L2492	Knee lift loop drop lock rin			6 per year	7/1/13		100.80	
<b>ADDITIONS: THIGH/WEIGHT BEARING - GLUTEAL/SCHIAL WEIGHT BEARING</b>								
L2500	Thi/glut/ischia wgt bearing			6 per year	7/1/13		241.16	
L2510	Th/wght bear quad-lat brim m			2 per year	7/1/13		541.10	
L2520	Th/wght bear quad-lat brim c			2 per year	7/1/13		356.94	
L2525	Th/wght bear nar m-l brim mo			2 per year	7/1/13		963.03	
L2526	Th/wght bear nar m-l brim cu			6 per year	7/1/13		549.55	
L2530	Thight/wght bear lacer non-mo			6 per year	7/1/13		174.35	
L2540	Thi/wght bear lacer molded			6 per year	7/1/13		313.74	
L2550	Thight/wght bear high roll cu			2 per year	7/1/13		213.13	
<b>ADDITIONS: PELVIC AND THORACIC CONTROL</b>								
L2570	Hip clevis type 2 posit jnt			2 per year	7/1/13		353.46	
L2580	Pelvic control pelvic sling			2 per year	7/1/13		344.39	
L2600	Hip clevis/thrust bearing fr			2 per year	7/1/13		188.59	
L2610	Hip clevis/thrust bearing lo			2 per year	7/1/13		199.75	
L2620	Pelvic control hip heavy dut			2 per year	7/1/13		224.60	
L2622	Hip joint adjustable flexion			2 per year	7/1/13		254.63	
L2624	Hip adj flex ext abduct cont			2 per year	7/1/13		245.73	
L2627	Plastic mold recipro hip & c			2 per year	7/1/13		1340.88	
L2628	Metal frame recipro hip & ca			6 per year	7/1/13		1318.95	
L2630	Pelvic control band & belt u			2 per year	7/1/13		183.75	
L2640	Pelvic control band & belt b			2 per year	7/1/13		249.37	
L2650	Pelv & thor control gluteal			2 per year	7/1/13		106.17	
L2660	Thoracic control thoracic ba			6 per year	7/1/13		138.31	
L2670	Thorac cont paraspinal uprig			2 per year	7/1/13		134.13	
L2680	Thorac cont lat support upri			2 per year	7/1/13		124.25	
L2750	Plating chrome/nickel pr bar			4 per year	7/1/13		62.02	
L2755	Carbon graphite lamination			10 per year	7/1/13		101.19	
L2760	Extension per extension per			12 per year	7/1/13		45.09	
L2768	Orthotic side bar disconnect device, per bar			2 per year	7/1/13		100.91	
L2780	Non-crrosive finish			12 per year	7/1/13		50.23	
L2785	Drop lock retainer each			6 per year	7/1/13		23.61	
L2795	Knee control full kneecap			2 per year	7/1/13		64.06	
L2800	Knee cap medial or lateral p			2 per year	7/1/13		98.44	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L2810	Knee control condylar pad			6 per year	7/1/13		77.28	
L2820	Soft interface below knee se			6 per year	7/1/13		64.45	
L2830	Soft interface above knee se			6 per year	7/1/13		69.72	
L2840	Tibial length sock fx or equ			6 per year	7/1/13		41.22	
L2850	Femoral lgth sock fx or equa			8 per year	7/1/13		45.94	
L2861	Knee or ankle, concentric adjustable torsion style mechanism		Y	6 per year	7/1/13	I/C	I/C	
L2999	Lower extremity orthosis NOS		Y	20 per year	7/1/13	I/C	I/C	
<b>ORTHOPEDIC SHOES</b>								
<b>INSERTS, ARCH SUPPORTS AND ABDUCTION AND ROTATION BARS</b>								
L3000	Foot insert Berkeley shell			2 per year	7/1/13		243.32	
L3001	Foot insert, removable, molded to patient model, Spenco model, each			2 per year	7/1/13		102.45	
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, ea			2 per year	7/1/13		125.10	
L3003	Foot insert, removable, molded to patient model, silicone gel, each			2 per year	7/1/13		134.98	
L3010	Foot insert, removable, molded to patient model, longitdl, arch supprt ea			2 per year	7/1/13		134.98	
L3020	Foot insert, removable, molded to patient mdel, lngtdl/metatrsl sprpt, ea			2 per year	7/1/13		153.68	
L3030	Foot arch support remov prem			2 per year	7/1/13		59.12	
L3031	Foot lamin/prepreg composite		Y	2 per year	7/1/13	I/C	I/C	
L3100	Hallus-valgus night dynamic splint			3 per year	7/1/13		33.49	
L3140	Abduction rotation bar shoe			2 per year	7/1/13		68.97	
L3150	Abduction rotation bar w/o shoe			3 per year	7/1/13		63.05	
L3160	Shoe styled positioning device		Y	3 per year	7/1/13	I/C	I/C	
L3170	Foot, plastic, silicone or equal, Heel Stabilizer, each			4 per year	7/1/13		38.04	
<b>ORTHOPEDIC FOOTWEAR</b>								
L3201	Oxford w supinator/pronator inf		Y	3 per year	7/1/13	I/C	I/C	
L3202	Oxford w supinator/pronator child		Y	3 per year	7/1/13	I/C	I/C	
L3203	Oxford w supinator/pronator jun		Y	3 per year	7/1/13	I/C	I/C	
L3204	Hightop w supp/pronator infant		Y	3 per year	7/1/13	I/C	I/C	
L3206	Hightop w supp/pronator child		Y	3 per year	7/1/13	I/C	I/C	
L3207	Hightop w supp/pronator junior		Y	3 per year	7/1/13	I/C	I/C	
L3208	Surgical boot, each infant		Y	3 per year	7/1/13	I/C	I/C	
L3209	Surgical boot, each child		Y	3 per year	7/1/13	I/C	I/C	
L3211	Surgical boot, each junior		Y	3 per year	7/1/13	I/C	I/C	
L3212	Benesch boot pair infant		Y	3 per year	7/1/13	I/C	I/C	
L3213	Benesch boot pair child		Y	3 per year	7/1/13	I/C	I/C	
L3214	Benesch boot pair junior		Y	3 per year	7/1/13	I/C	I/C	
L3215	Orthopedic ftwear ladies oxford, each		Y	3 per year	7/1/13	I/C	I/C	
L3216	Orthopedic ftwear, ladies shoe, depth inlay, each		Y	3 per year	7/1/13	I/C	I/C	
L3217	Ladies shoes hightop depth		Y	3 per year	7/1/13	I/C	I/C	
L3219	Orthopedic mens shoe, oxford		Y	3 per year	7/1/13	I/C	I/C	
L3221	Orthopedic mens shoes dpth		Y	3 per year	7/1/13	I/C	I/C	
L3222	Mens shoes hightop depth inl		Y	3 per year	7/1/13	I/C	I/C	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L3223	Mens surgical boot each		Y	1 per year	7/1/13	I/C	I/C	
L3224	Woman's shoe oxford brace			2 per year	7/1/13		49.36	
L3225	Man's shoe oxford brace			2 per year	7/1/13		50.69	
L3230	Custom shoes depth inlay			2 per year	7/1/13		82.47	
L3250	Custom mold shoe remov prost			2 per year	7/1/13		243.65	
L3251	Shoe molded to pt silicone s		Y	3 per year	7/1/13	I/C	I/C	
L3252	Shoe molded plastazote cust		Y	3 per year	7/1/13	I/C	I/C	
L3253	Shoe molded plastazote cust		Y	3 per year	7/1/13	I/C	I/C	
L3254	Orth foot non-std size/w		Y	3 per year	7/1/13	I/C	I/C	
L3255	Orth foot non-std size/w		Y	3 per year	7/1/13	I/C	I/C	
L3257	Orth foot add change splint		Y	3 per year	7/1/13	I/C	I/C	
L3260	Ambulatory surgical boot each-nylon			3 per year	1/1/15		12.16	
L3265	Plastazole sandal each		Y	1 per year	7/1/13	I/C	I/C	
<b>SHOE MODIFICATIONS - LIFTS</b>								
L3300	Lift, elevation, heel, tapered to metatarsals, per inch			4 per year	7/1/13		40.38	
L3310	Shoe lift elev heel/sole neo			6 per year	7/1/13		63.05	
L3320	Shoe lift elev heel/sole cor			3 per year	7/1/13		350.36	
L3330	Lift, elevation, metal extension (skate)			6 per year	7/1/13		438.38	
L3332	Lift, elevation, inside shoe, taperd, up to one-half inch			2 per year	7/1/13		57.13	
L3334	Lift, elevation, heel, per inch			3 per year	7/1/13		29.56	
<b>SHOE MODIFICATIONS - WEDGES</b>								
L3340	Shoe wedge each			3 per year	7/1/13		66.02	
L3350	Shoe sole wedge			3 per year	7/1/13		17.75	
L3360	Shoe sole wedge outside sole			3 per year	7/1/13		27.58	
L3370	Shoe sole wedge between sole			3 per year	7/1/13		38.40	
L3380	Shoe clubfoot wedge			3 per year	7/1/13		38.40	
L3390	Shoe outflare wedge			3 per year	7/1/13		38.40	
L3400	Shoe metarsal bar wedge			3 per year	7/1/13		31.53	
L3410	Shoe metarsal bar between			3 per year	7/1/13		71.91	
L3420	Full sole/heel wedge between			3 per year	7/1/13		42.36	
L3430	Shoe heel count plast reinforc			4 per year	7/1/13		124.13	
<b>SHOE MODIFICATIONS - HEELS</b>								
L3440	Heel leather reinforced			3 per year	7/1/13		59.12	
L3450	Shoe heel sach cushion type			3 per year	7/1/13		81.77	
L3455	Shoe heel new leather standard			3 per year	7/1/13		31.53	
L3460	Shoe heel new rubber standard			3 per year	7/1/13		26.59	
L3465	Shoe heel thomas with wedge			3 per year	7/1/13		45.32	
L3470	Shoe heel Thomas extended to B			3 per year	7/1/13		48.26	
L3480	Shoe heel pad & depress for			3 per year	7/1/13		48.26	
L3485	Heel pad, removable for spur		Y	2 per year	7/1/13		I/C	
<b>MISCELLANEOUS SHOE ADDITIONS</b>								

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L3500	Shoe heel pad removable for			3 per year	7/1/13		22.65	
L3510	Ortho shoe add leather insole			3 per year	7/1/13		22.65	
L3520	Ortho shoe add rub insole			3 per year	7/1/13		24.60	
L3530	Ortho shoe add felt w leather insole			3 per year	7/1/13		24.60	
L3540	Ortho shoe add half sole			3 per year	7/1/13		39.43	
L3550	Ortho shoe add full sole			3 per year	7/1/13		6.88	
L3560	Ortho shoe add standard toe tap			3 per year	7/1/13		17.75	
L3570	Ortho shoe add instep extension			3 per year	7/1/13		66.02	
L3580	Ortho shoe add instep velcro clos			3 per year	7/1/13		50.24	
L3590	Ortho shoe convert firm to soft count			3 per year	7/1/13		41.34	
L3595	Ortho shoe add march bar			3 per year	7/1/13		32.50	
<b>TRANSFER OR REPLACEMENT</b>								
L3600	Transshoe calip plate exist			3 per year	7/1/13		59.12	
L3610	Trans shoe caliper plate new			3 per year	7/1/13		77.82	
L3620	Trans shoe solid stirrup existing			3 per year	7/1/13		59.12	
L3630	Trans shoe solid stirrup new			3 per year	7/1/13		77.82	
L3640	Shoe Dennis Browne splint both			3 per year	7/1/13		33.49	
L3649	Orthopedic shoe modification NOS		Y	3 per year	7/1/13	I/C	I/C	
<b>ORTHOTIC DEVICES - UPPER LIMB SHOULDER ORTHOSIS (SO)</b>								
L3650	Shoulder orthotic fig 8 abduction restrainer, pre-fab			2 per year	7/1/13		49.34	
L3671	Shoulder orthosis, shoulder cap design, w/o joints, custom fabricated			2 per year	7/1/13		635.23	
L3675	Shoulder orthosis, vest type abduction restrainer, canvas web or equal			2 per year	7/1/13		123.71	
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, prefab		Y	2 per year	7/1/13	I/C	I/C	
<b>ELBOW ORTHOSIS (EO)</b>								
L3702	Elbow orthosis, w/o joints, custom fabricated			2 per year	7/1/13		203.56	
L3710	Elbow elastic with metal joint			2 per year	7/1/13		113.48	
L3720	Forearm/arm cuffs free motio			2 per year	7/1/13		506.32	
L3730	Forearm/arm cuffs ext'/flex a			2 per year	7/1/13		654.59	
L3740	Cuffs adj lock w/active con			2 per year	7/1/13		776.07	
L3760	Elbow orthosis, adj position locking joints, prefab, inc fitting and adj			2 per year	7/1/13		352.54	
L3762	Elbow Orthosis, rigid, w/o joints, includes soft interface, prefab			2 per year	7/1/13		75.80	
L3763	EWHO, rigid, w/o joints, may include soft interface, straps, custom fab			2 per year	7/1/13		494.84	
L3764	Elbow wrist hand orthosis, inclds one or more nontorsion joints, cust fab			2 per year	7/1/13		645.89	
L3765	Elbow wrist hand finger orthosis, rigid, w/o joints, custom fabricated			2 per year	7/1/13		903.92	
L3766	Elbow wrist hand finger orthosis, inclds one or more nontorsion joints, cs fab			2 per year	7/1/13		957.19	
<b>WRIST-HAND-FINGER ORTHOSIS (WHFO)</b>								
L3806	Whfo w/joint(s), custom fab			2 per year	7/1/13		320.22	
L3807	Whfo w inflatable airchamber			2 per year	7/1/13		176.28	
L3808	Whfo rigid, w/o joint(s), custom fab			2 per year	7/1/13		263.61	
L3809	Whfo w/o joints pre ots			1 per year	1/1/17		178.00	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L3890	Wrist or elbow, concentric adj torsion style mech <b>DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/FLEXION, FINGER FLEXION/EXTENSION</b>		Y	6 per year	7/1/13	I/C	I/C	
L3900	Hinge extension/flex wrist/f			3 per year	7/1/13		1027.91	
L3901	Hinge ext/flex wrist finger			3 per year	7/1/13		1167.31	
L3904	Whfo electric custom fitted			3 per year	7/1/13		2126.49	
L3905	Wrist hand orthosis, inclds one or more nontorsion joints, elastic bands, cfab <b>OTHER WHFOS - CUSTOM FITTED</b>			2 per year	7/1/13		699.12	
L3906	Wrist hand orthosis, without joints, custom fabricated			2 per year	7/1/13		310.41	
L3908	Wrist cock-up non-molded			2 per year	7/1/13		48.86	
L3912	Flex glove w/elastic finger			2 per year	7/1/13		84.62	
L3913	Hand finger orthosis, without joints, may include soft interface, custom fab			2 per year	7/1/13		190.93	
L3915	WHO w/nontor joints, prefab			2 per year	7/1/13		374.72	
L3917	Prefab metacarpal fx orthosis			50 per year	7/1/13		74.49	
L3919	Hand orthosis, w/o joints, custom fabricated			2 per year	7/1/13		190.93	
L3921	Hand finger orthosis, inclds one or more nontorsion joints, custom fabricated			2 per year	7/1/13		226.44	
L3923	Hand finger orthosis, without joint, prefab, inc fitting and adj			4 per year	7/1/13		68.04	
L3924	HFO w/o joints pre ots			3 per year	1/1/17		68.72	
L3925	Finger orthosis, PIP/DIP with joint/spring			6 per year	7/1/13		36.49	
L3927	Finger orthosis, PIP/DIP without joint/spring			6 per year	7/1/13		24.64	
L3929	HFO non-torsion joint, prefab			6 per year	7/1/13		64.66	
L3931	WHFO Non-torsion joint, prefab			6 per year	7/1/13		132.41	
L3933	Finger orthosis, w/o joints, may incld soft interface, custom fab			6 per year	7/1/13		150.41	
L3935	Finger orthosis, nontorsion joint, custom fabricated			2 per year	7/1/13		155.73	
L3956	Addition of joint to upper extremity orthosis, any material; per joint <b>SHOULDER - ELBOW-WRIST-HAND ORTHOSIS (SEWHO) ABDUCTION POSITION, CUSTOM FITTED</b>		Y	6 per year	7/1/13	I/C	I/C	
L3960	SEWHO, airplane design abduction positioning			2 per year	7/1/13		534.16	
L3961	SEWHO, shoulder cap design, custom fabricated			2 per year	7/1/13		1184.41	
L3962	SEWHO Erb's palsey design abduction positioning			2 per year	7/1/13		521.01	
L3967	SEWHO, abduction positioning (airplane design) <b>ADDITIONS TO MOBILE ARM SUPPORTS</b>			2 per year	7/1/13		1398.39	
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, custom fabricated			6 per year	7/1/13		1327.39	
L3973	SEWH Orthosis, abd pstng (airplane dsgn, custom fabricated)			6 per year	7/1/13		1398.39	
L3975	SEWHF orthosis, shoulder cap design, custom fabricated			6 per year	7/1/13		1184.41	
L3976	SEWHF orthosis, Abduction pstng design, custom fabricated			2 per year	7/1/13		1184.41	
L3977	SEWHF orthosis, shoulder cap design, one or more nontorsion joints, cs fab			2 per year	7/1/13		1327.39	
L3978	SEWHF orthosis, abduction pstng (airplanedesign), custom fabricated <b>FRACTURE ORTHOSIS</b>			2 per year	7/1/13		1398.39	
L3980	Upp ext fx orthosis humeral			2 per year	7/1/13		232.52	
L3982	Upper ext fx orthosis rad/ul			2 per year	7/1/13		271.08	
L3984	Upper ext fx orthosis wrist			2 per year	7/1/13		249.93	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L3995	Sock fracture or equal each			4 per year	7/1/13		25.90	
L3999	Upper Limb Orthosis, not otherwise classified		Y	6 per year	7/1/13	I/C	I/C	
<b>SPECIFIC REPAIR</b>								
L4000	Repl girdle milwaukee orth			1 per year	7/1/13		1021.53	
L4002	Replacement strap, any orthosis, includes all components, any length or type		Y	4 per year	7/1/13	I/C	I/C	
L4010	Replace trilateral socket br			6 per year	7/1/13		498.02	
L4020	Replae quadlat socket brim			6 per year	7/1/13		696.49	
L4030	Replace socket brim cust fit			2 per year	7/1/13		374.66	
L4040	Replace molded thigh lacer			2 per year	7/1/13		305.72	
L4045	Replace non-molded thigh lac			2 per year	7/1/13		243.42	
L4050	Replace molded calf lacer			2 per year	7/1/13		306.36	
L4055	Replace non-molded calf lace			2 per year	7/1/13		198.37	
L4060	Replace high roll cuff			2 per year	7/1/13		235.83	
L4070	Replace prox & dist upright			2 per year	7/1/13		208.84	
L4080	Repel met band KAFO-AFO prox			2 per year	7/1/13		85.65	
L4090	Repl met band KAFO-AFO calf/			2 per year	7/1/13		67.59	
L4100	Repl leath cuff KAFO prox th			2 per year	7/1/13		88.76	
L4110	Repl leath cuff KAFO-AFO cal			2 per year	7/1/13		66.86	
L4130	Replace pretibial shell			2 per year	7/1/13		374.94	
<b>REPAIRS</b>								
L4205	Repair orthotic device per 15 min			12 units	7/1/13		18.09	
L4210	Repair or replace minor parts		Y	10 per year	7/1/13	I/C	I/C	
L4350	Pneumatic ankle cntrl splint			4 per year	7/1/13		74.28	
L4360	Pneumatic walking splint, custom			2 per year	7/1/13		228.34	
L4361	Pneumatic walking splint, prefab			2 per year	7/1/13		234.78	
L4370	Pneumatic full leg splint			2 per year	7/1/13		151.00	
L4386	Non-pneumatic walking spline, prefab, includes fitting and adjstmnts			2 per year	7/1/13		122.82	
L4387	Non-pneum walk boot pre ots w/without joints, interface material		Y		1/1/17	I/C	I/C	N
L4392	Replacement soft interface material, static AFO			4 per year	7/1/13		18.23	
L4394	Replace soft interface material, foot drop splint			4 per year	7/1/13		13.29	
L4396	Static AFO			2 per year	7/1/13		129.97	
L4398	Foot drop splint recumbent			2 per year	7/1/13		59.85	
L4631	AFO walking boot type, custom fab			2 Per year	7/1/13		1235.13	
<b>PROSTHETIC PROCEDURES L5000-L9999</b>								
<b>LOWER LIMB -PARTIAL FOOT</b>								
L5000	Shoe insert w arch toe filler			2 per year	7/1/13		440.65	
L5010	Mold socket ank hgt w/toe f			4 per year	7/1/13		962.49	
L5020	Tibial tubercle hgt w/toe f			2 per year	7/1/13		1566.74	
<b>ANKLE</b>								
L5050	Ank symes mold sekt sach ft			2 per year	7/1/13		1814.35	
L5060	Symes met fr leath socket ar			2 per year	7/1/13		2183.59	

HCP	PCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
<b>BELOW KNEE</b>									
L5100		Molded socket shin sach foot			2 per year	7/1/13		1890.07	
L5105		Plast socket jts/thgh lacer			2 per year	7/1/13		2999.94	
<b>KNEE DISARTICULATION</b>									
L5150		Mold sckt ext knee shin sach			2 per year	7/1/13		2776.27	
L5160		Mold socket bant knee shin s			2 per year	7/1/13		3019.69	
<b>ABOVE KNEE</b>									
L5200		Knee sing axis fric shin sach			2 per year	7/1/13		2630.41	
L5210		No knee/ankle joints w/ft b			2 per year	7/1/13		1918.41	
L5220		No knee joint with artic ali			2 per year	7/1/13		2180.62	
L5230		Fem focal defic constant fri			2 per year	7/1/13		3007.50	
<b>HIP DISARTICULATION</b>									
L5250		Hip canad sing axi cons fric			1 per year	7/1/13		4101.97	
L5270		Tilt table locking hip sing			2 per year	7/1/13		4066.03	
<b>HEMIPELVECTOMY</b>									
L5280		Hemipelvect canad sing axis			2 per year	7/1/13		4025.37	
L5301		Below knee, molded socket, shin, SACH foot, endoskel system			2 per year	7/1/13		1815.20	
L5321		Above knee, molded socket, open end, SACH foot, endoskel sys, single			2 per year	7/1/13		2598.41	
L5331		Hip disarticulation, Canadian type, molded socket, SACH foot			2 per year	7/1/13		3676.84	
L5341		Hemipelvectomy, Canadian type, molded socket, SACH foot			2 per year	7/1/13		3995.00	
<b>IMMEDIATE POSTSURGICAL OR EARLY FITTING PROCEDURES</b>									
L5400		Postop dress & cast chg bk			2 per year	7/1/13		951.50	
L5410		Postop dsq bk ea add cast ch			2 per year	7/1/13		416.87	
L5420		Postop dsq & 1 cast chg ak/d			2 per year	7/1/13		1201.70	
L5430		Postop dsq ak ea add cast ch			2 per year	7/1/13		530.44	
L5450		Postop app non-wft bear dsq			2 per year	7/1/13		339.34	
L5460		Postop app non-wgt bear clsg			2 per year	7/1/13		500.15	
<b>INITIAL PROSTHESIS</b>									
L5500		Init bk ptb plaster direct			2 per year	7/1/13		1015.37	
L5505		Init ak lschal plstr direct			2 per year	7/1/13		1375.07	
<b>PREPARATORY PROSTHESIS</b>									
L5510		Prep BK ptb plaster molded			2 per year	7/1/13		1150.99	
L5520		Prep BK ptb thermopls direct			2 per year	7/1/13		1136.90	
L5530		Prep BK ptb thermopls molded			2 per year	7/1/13		1439.08	
L5535		Prep BK ptb open end socket			2 per year	7/1/13		1418.20	
L5540		Prep BK ptb laminated socket			2 per year	7/1/13		1497.56	
L5560		Prep AK ischial plast molded			2 per year	7/1/13		1536.56	
L5570		Prep AK ischial direct form			2 per year	7/1/13		1597.47	
L5580		Prep AK ischial thermo mold			2 per year	7/1/13		1864.94	
L5585		Prep AK ischial open end			2 per year	7/1/13		2022.75	
L5590		Prep AK ischial laminated			2 per year	7/1/13		1900.51	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L5595	Hip disartic sach thermopis			2 per year	7/1/13		3340.59	
L5600	Hip disartic sach laminat mold			2 per year	7/1/13		3643.91	
<b>ADDITIONS: LOWER EXTREMITY</b>								
L5610	Above knee hydracadence			6 per year	7/1/13		1636.81	
L5611	Ak 4 bar link w/fric swing			6 per year	7/1/13		1273.76	
L5613	Ak 4 bar ling w/hydraul swig			6 per year	7/1/13		1937.47	
L5614	4-bar link above knee w/swng			6 per year	7/1/13		1309.65	
L5616	Ak univ multiplex sys frict			6 per year	7/1/13		1073.74	
L5617	AK/BK self-aligning unit ea			2 per year	7/1/13		434.23	
L5618	Test socket symes			6 per year	7/1/13		250.16	
L5620	Test socket below knee			4 per year	7/1/13		219.79	
L5622	Test socket knee disarticula			6 per year	7/1/13		335.67	
L5624	Test socket above knee			6 per year	7/1/13		320.25	
L5626	Test socket hip disarticulat			2 per year	7/1/13		450.17	
L5628	Test socket hemipelvectomy			2 per year	7/1/13		426.38	
L5629	Below knee acrylic socket			2 per year	7/1/13		325.60	
L5630	Syme typ expandable wall sckt			6 per year	7/1/13		354.81	
L5631	Ak/knee disartic acrylic soc			2 per year	7/1/13		424.29	
L5632	Symes type ptb brim design s			6 per year	7/1/13		175.54	
L5634	Symes type poster opening so			6 per year	7/1/13		240.48	
L5636	Symes type medial opening so			6 per year	7/1/13		201.44	
L5637	Below knee total contact			4 per year	7/1/13		269.08	
L5638	Below knee leather socket			6 per year	7/1/13		384.75	
L5639	Below knee wood socket			6 per year	7/1/13		902.58	
L5640	Knee disarticulat leather so			6 per year	7/1/13		549.53	
L5642	Above knee leather socket			6 per year	7/1/13		491.96	
L5643	Hip flex inner socket ext fr			6 per year	7/1/13		1230.49	
L5644	Above knee wood socket			6 per year	7/1/13		466.95	
L5645	Ak flexibl inner socket ext			2 per year	7/1/13		630.80	
L5646	Below knee air cushion socket			6 per year	7/1/13		433.17	
L5647	Below knee suction socket			2 per year	7/1/13		628.87	
L5648	Above knee air cushion socket			2 per year	7/1/13		520.50	
L5649	Isch containmt/narrow mi-l so			4 per year	7/1/13		1580.16	
L5650	Tot contact ank/knee disart s			2 per year	7/1/13		385.95	
L5651	Ak flex inner socket ext fra			2 per year	7/1/13		949.42	
L5652	Suction susp ak/knee disart			2 per year	7/1/13		344.68	
L5653	Knee disart expand wall sock			6 per year	7/1/13		460.11	
<b>ADDITIONS: SOCKET INSERT AND SUSPENSION</b>								
L5654	Socket insert symes			2 per year	7/1/13		262.19	
L5655	Socket insert below knee			2 per year	7/1/13		221.99	
L5656	Socket insert knee articulat			2 per year	7/1/13		312.72	



HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L5658	Socket insert aboveknee			2 per year	7/1/13		304.54	
L5661	Multi-durometer symes			2 per year	7/1/13		529.22	
L5665	Multi-durometer below knee			2 per year	7/1/13		404.80	
L5666	Below knee cuff suspension			2 per year	7/1/13		60.15	
L5668	Socket insert w/o lock lower			2 per year	7/1/13		80.32	
L5670	Bk molded supracondylar susp			2 per year	7/1/13		244.49	
L5671	add to lwr ext, below knee/above knee, eold socket insert			2 per year	7/1/13		393.24	
L5672	Bk removable medial brim sus			2 per year	7/1/13		298.75	
L5673	Socket insert w/lock mech			4 per year	7/1/13		555.44	
L5676	Bk knee joints single axis p			2 per year	7/1/13		286.48	
L5677	Bk knee joints polycentric p			2 per year	7/1/13		389.80	
L5678	Bk joint covers pair			2 per year	7/1/13		31.39	
L5679	Socket insert w/o lock mech			6 per year	7/1/13		462.84	
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded			2 per year	7/1/13		273.82	
L5681	Initial containmt/narrow mi-l so			50 per year	7/1/13		1020.88	
L5682	Add to lower etremity, below knee, thigh lacer, gluteal/ischial, molded			6 per year	7/1/13		494.42	
L5683	Add to lwr extr, below knee/above knee, custom socket insert			4 per year	7/1/13		1020.88	
L5684	Add to lower ext, below knee, fork strap			2 per year	7/1/13		38.05	
L5685	Add to lower ext pros, below knee, suspens/sealing sleeve			4 per year	7/1/13		99.41	
L5686	Bk back check			2 per year	7/1/13		51.33	
L5688	Bk waist belt webbing			2 per year	7/1/13		48.29	
L5690	Bk waist belt padded and lin			2 per year	7/1/13		93.51	
L5692	Ak pelvic control belt light			2 per year	7/1/13		108.55	
L5694	Ak pelvic control belt pad/l			2 per year	7/1/13		143.42	
L5695	Ak sleeve susp neoprene/equa			2 per year	7/1/13		150.46	
L5696	Ak/knee disartic pelvic join			2 per year	7/1/13		164.42	
L5697	Ak/knee disartic pelvic band			2 per year	7/1/13		66.78	
L5698	Ak/knee disartic silesian ba			2 per year	7/1/13		83.05	
L5699	Shoulder harness			2 per year	7/1/13		147.41	
<b>REPLACEMENTS</b>								
L5700	Replace socket below knee			2 per year	7/1/13		2277.60	
L5701	Replace socket above knee			6 per year	7/1/13		2825.57	
L5702	Replace socket hip			6 per year	7/1/13		3561.21	
L5704	Custom shape cover below knee			2 per year	7/1/13		464.40	
L5705	Custom shape cover above knee			2 per year	7/1/13		851.41	
L5706	Custom shape cover knee disart			6 per year	7/1/13		830.45	
L5707	Custom shape cover hip disart			6 per year	7/1/13		1115.68	
<b>ADDITIONS: EXOSKELETAL KNEE-SHIN SYSTEM</b>								
L5710	Knee-shin exo sng axi mnl loc			6 per year	7/1/13		284.34	
L5711	Knee-shin exo mnl lock ultra			6 per year	7/1/13		431.33	
L5712	Knee-shin exo frict swg & st			6 per year	7/1/13		340.65	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L5714	Knee-shin exo variable frict			6 per year	7/1/13		351.31	
L5716	Knee-shin exo mech stance ph			6 per year	7/1/13		576.21	
L5718	Knee-shin exo frct swg & sta			2 per year	7/1/13		720.20	
L5722	Knee-shin pneum swg frct exo			2 per year	7/1/13		751.55	
L5724	Knee-shin exo fluid swing ph			2 per year	7/1/13		1193.32	
L5726	Knee-shin ext jnts fld swig c			2 per year	7/1/13		1566.95	
L5728	Knee-shin fluid swg & stance			2 per year	7/1/13		1952.20	
L5780	Knee-shin pneum/hydra pneum			2 per year	7/1/13		941.26	
L5781	Vacuum pump, residual limb volume management and moisture			6 per year	7/1/13		3105.35	
L5782	Vacuum pump, residual limb volume management, heavy duty			6 per year	7/1/13		3273.74	
<b>COMPONENT MODIFICATION</b>								
L5785	Exoskeletal system below knee ultra light			2 per year	7/1/13		410.75	
L5790	Exoskeletal ak ultra-light m			2 per year	7/1/13		568.45	
L5795	Exsossehip ultra-light mate			2 per year	7/1/13		848.84	
L5810	Endoskel knee-shin mnl lock			2 per year	7/1/13		394.88	
L5811	Endoskeletal knee shin system, ultra light material			2 per year	7/1/13		576.58	
L5812	Endo knee-shin frct swg & st			2 per year	7/1/13		446.91	
L5814	Endo knee-shin hydral swg ph			6 per year	7/1/13		2882.37	
L5816	Endo knee-shin polyc mch sta			2 per year	7/1/13		672.34	
L5818	Endo knee-shin frct swg & st			2 per year	7/1/13		759.21	
L5822	Endo knee-shin pneum swg frc spc			2 per year	7/1/13		1472.94	
L5824	Endo knee-shin fluid spc			2 per year	7/1/13		1212.41	
L5826	Minature knee joint			2 per year	7/1/13		2447.97	
L5828	Endo knee-shin fluid swg/sta			2 per year	7/1/13		2311.11	
L5830	Endo knee-shin pneum/swg pha			2 per year	7/1/13		1642.13	
L5840	Multi-axial knee/shin system			2 per year	7/1/13		2895.71	
L5845	Knee-shin gys stance flexion			2 per year	7/1/13		1391.08	
L5848	Endo Knee-shin system, hydraulic stance, dampening feature, w/without adjustable			2 per year	7/1/13		834.57	
L5850	Endo ak/hip knee extens assi			2 per year	7/1/13		105.01	
L5855	Mech hip extension assist			2 per year	7/1/13		244.15	
L5856	Add to lower extremity pros, endoskel-knee-shin, swing & stance phase			4 per year	7/1/13		18631.24	
L5857	Add to lower extremity pros, endoskel-knee-shin, swing phase only			4 per year	7/1/13		6611.08	
L5910	Endo below knee alignable sy			2 per year	7/1/13		288.36	
L5920	Endo ak/hip alignable system			2 per year	7/1/13		419.48	
L5925	Above knee manual lock			2 per year	7/1/13		265.64	
L5930	High activity knee frame			2 per year	7/1/13		2612.33	
L5940	Endo bk ultra-light material			6 per year	7/1/13		396.56	
L5950	Endo ak ultra-light material			6 per year	7/1/13		669.94	
L5960	Endo hip ultra-light material			2 per year	7/1/13		802.47	
L5962	Below knee flex cover system			2 per year	7/1/13		464.70	
L5964	Above knee flex cover system			2 per year	7/1/13		832.38	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L5966	Hip flexible cover system			2 per year	7/1/13		1072.22	
L5968	Multiaxial ankle w dorsiflex			2 per year	7/1/13		2820.33	
L5970	Foot external keel sach foot			2 per year	7/1/13		173.56	
L5972	Flexible keel foot			6 per year	7/1/13		278.62	
L5974	Foot single axis ankle/foot			6 per year	7/1/13		235.07	
L5975	Combo ankle/foot prosthesis			6 per year	7/1/13		359.80	
L5976	Energy storing foot			6 per year	7/1/13		442.74	
L5978	Ft prosth multiaxial ankl/ft			6 per year	7/1/13		230.72	
L5979	Multi-axial ankle/ft prosth			2 per year	7/1/13		1851.33	
L5980	Flex foot system			2 per year	7/1/13		2931.24	
L5981	Flex walk sys low ext prosth			2 per year	7/1/13		2533.67	
L5982	Exoskeletal axial rotation u			2 per year	7/1/13		457.05	
L5984	Endoskeletal axial rotation			2 per year	7/1/13		452.99	
L5985	Lwr ext dynamic prosth pylon			2 per year	7/1/13		219.17	
L5986	Multi-axial rotation unit			2 per year	7/1/13		503.63	
L5987	Shank ft w vert load pylon			2 per year	7/1/13		5583.13	
L5988	Vertical shock reducing pylo			2 per year	7/1/13		1550.45	
L5990	User adjustable heel height			2 per year	7/1/13		1408.03	
L5993	Addition to lower ext, HD feature, foot only, weight >300 lb.		Y	3 per year	7/1/13	I/C	I/C	
L5994	Addition to lower ext, HD knee, weight >300 lbs.		Y	2 per year	7/1/13	I/C	I/C	
L5995	Addition to lower ext, heavy duty feature, other than foot or knee (for patient weight > 300 lbs)		Y	1 per year	7/1/13	I/C	I/C	
L5999	Lowr extremity prothesis NOS		Y	15 per year	7/1/13	I/C	I/C	
<b>UPPER LIMB</b>								
<b>PARTIAL HAND</b>								
L6000	Par hand robin-aid fthm rem			2 per year	7/1/13		1050.44	
L6010	Hand robin-aids little/ring			2 per year	7/1/13		1168.96	
L6020	Part hand robin-aids no fing			2 per year	7/1/13		1089.88	
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis,			2 per year	7/1/13		6210.75	
<b>WRIST DISARTICULATION</b>								
L6050	Wrst MLd sick fix hng tri pad			2 per year	7/1/13		1501.81	
L6055	Wrst mold sock w/exp interfa			2 per year	7/1/13		2387.18	
<b>BELOW ELBOW</b>								
L6100	Elb mold sock flex hinge pad			2 per year	7/1/13		1521.56	
L6110	Elbow mold sock suspension t			2 per year	7/1/13		1613.87	
L6120	Elbow mold doub splt soc sta			2 per year	7/1/13		1880.74	
L6130	Elbow stump activated lock h			2 per year	7/1/13		2046.59	
<b>ELBOW DISARTICULATION/ABOVE ELBOW/SHOULDER DISARTIC/INTERSCAPULAR THORACIC</b>								
L6200	Elbow mold outsid lock hinge			2 per year	7/1/13		2156.77	
L6205	Elbow molded w/expand inter			2 per year	7/1/13		3594.03	
L6250	Above elbow, molded double wall socket, internal locking elbow, framm			2 per year	7/1/13		2122.98	
L6300	Shoulder disart, molded socket, shoulder bulkhead, locking elbow, forearm			2 per year	7/1/13		2945.41	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L6310	Shoulder passive restor comp			2 per year	7/1/13		2422.22	
L6320	Shoulder passive restor cap			2 per year	7/1/13		1351.05	
L6350	Thoracic intern lock elbow			2 per year	7/1/13		3096.64	
L6360	Thoracic passive restor comp			2 per year	7/1/13		2542.16	
L6370	Thoracic passive restor cap			2 per year	7/1/13		1913.85	
<b>IMMEDIATE AND EARLY POSTSURGICAL PROCEDURES</b>								
L6380	Postop dsg cast chg wrst/elb			2 per year	7/1/13		1033.66	
L6382	Postop dsg cast chg elb dis/			2 per year	7/1/13		1236.91	
L6384	Postop dsg cast chg shlder/t			2 per year	7/1/13		1509.37	
L6386	Postop ea cast chg & realign			2 per year	7/1/13		361.96	
L6388	Postop applicat rigid dsg on			2 per year	7/1/13		347.56	
<b>ENDOSKELETAL: BELOW ELBOW/ ELBOW DISARTC/ABOVE ELBOW/SHOLDER/INTERCAPULAR</b>								
L6400	Below elbow prosth tiss shap			2 per year	7/1/13		1838.32	
L6450	Elb disart prosth tiss shap			2 per year	7/1/13		2437.43	
L6500	Above elbow prosth tiss shap			2 per year	7/1/13		2439.42	
L6550	Shldr disar prosth tiss shap			2 per year	7/1/13		3014.68	
L6570	Scap thorac prosth tiss shap			2 per year	7/1/13		3657.84	
L6580	Wrist/elbow bowden cable mol			2 per year	7/1/13		1276.82	
L6582	Wrist/elbow bowden cbl dir f			2 per year	7/1/13		1088.08	
L6584	Elbow fair lead cable molded			2 per year	7/1/13		1762.50	
L6586	Elbow fair lead cable dir fo			2 per year	7/1/13		1541.82	
L6588	Shdr fair lead cable molded			2 per year	7/1/13		2545.20	
L6590	Shdr fair lead cable direct			2 per year	7/1/13		2328.13	
L6600	Polycentric hinge pair			2 per year	7/1/13		157.09	
L6605	Single pivot hinge pair			2 per year	7/1/13		146.64	
L6610	Elexible metal hinge pair			2 per year	7/1/13		131.62	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type			6 per year	7/1/13		319.55	
L6615	Disconnect locking wrist uni			2 per year	7/1/13		162.30	
L6616	Disconnect insert locking wr			2 per year	7/1/13		68.37	
L6620	Flexion-friction wrist unit			2 per year	7/1/13		254.73	
L6621	flexion-friction wrist unit, use with external powered terminal device			2 per year	7/1/13		1775.21	
L6623	Spring-ass rot wrst w/latch			2 per year	7/1/13		583.06	
L6624	Upper extremity addition, flexion/extension and rotation wrist unit			2 per year	7/1/13		2922.92	
L6625	Rotation wrst w/cable lock			2 per year	7/1/13		424.28	
L6628	Quick disconn hook adapter o			2 per year	7/1/13		433.57	
L6629	Lamination collar w/couplin			2 per year	7/1/13		115.67	
L6630	Stainless steel any wrist			2 per year	7/1/13		170.38	
L6632	Latex suspension sleeve each			2 per year	7/1/13		56.82	
L6635	Lift assist for elbow			2 per year	7/1/13		157.81	
L6637	Nudge control elbow lock			2 per year	7/1/13		327.60	
L6638	Electric locking feature, only for use w/manually powered elbow			4 per year	7/1/13		1940.86	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L6640	Shoulder abduction joint pai			2 per year	7/1/13		223.57	
L6641	Excursion amplifier pulley t			2 per year	7/1/13		148.58	
L6642	Excursion amplifier lever ty			2 per year	7/1/13		211.55	
L6645	Shoulder flexion-abduction j			2 per year	7/1/13		256.90	
L6646	Shoulder joint, multipstnl lckng, flexion, adj			2 per year	7/1/13		2447.86	
L6647	Shoulder lock mechanism, body powered actuator			2 per year	7/1/13		402.98	
L6648	Shoulder lock mechanism, external powered actuator			2 per year	7/1/13		2524.61	
L6650	Shoulder universal joint			2 per year	7/1/13		267.60	
L6655	Standard control cable extra			2 per year	7/1/13		59.39	
L6660	Heavy duty control cable			2 per year	7/1/13		72.56	
L6665	Teflon or equal cable lining			2 per year	7/1/13		41.48	
L6670	Hook to hand cable adapter			2 per year	7/1/13		39.34	
L6672	Harness chest/shldr saddle			2 per year	7/1/13		133.31	
L6675	Harness figure of 8 sing con			2 per year	7/1/13		94.95	
L6676	Harness figure of 8 duyal con			2 per year	7/1/13		95.88	
L6677	Harness, triple control, simultaneous operation of terminal device elbow			2 per year	7/1/13		230.23	
L6680	Test sock wrist disart/bel e			4 per year	7/1/13		183.42	
L6682	Test sock elbw disart/above			4 per year	7/1/13		205.57	
L6684	Test socket shldr disart/tho			2 per year	7/1/13		275.57	
L6686	Suction socket			4 per year	7/1/13		512.47	
L6687	Frame typ socket bel elbow/w			2 per year	7/1/13		456.02	
L6688	Frame typ sock above elb/dis			2 per year	7/1/13		441.12	
L6689	Frame typ socket shoulder di			2 per year	7/1/13		532.70	
L6690	Frame typ sock interscap-tho			2 per year	7/1/13		576.87	
L6691	Removable insert each			2 per year	7/1/13		345.00	
L6692	Silicone gel insert or equal			2 per year	7/1/13		442.12	
L6693	Locking elbow forearm cntrbal			2 per year	7/1/13		2203.39	
L6694	Add to upper extrem pros, below elbow/above elbow, fab from exist mold (for)			8 per year	7/1/13		555.44	
L6695	Add to upper extrem pros, below elbow/above elbow, fab from exist mold (not)			8 per year	7/1/13		462.84	
L6696	Add to upper extrem pros, for use w/ or w/o locking mech, initial only			8 per year	7/1/13		1020.88	
L6697	Add to upper extrem pros, below elbow/abv elbow, other than initial			8 per year	7/1/13		1020.88	
L6698	Add to upper extrem pros, excludes socket insert			8 per year	7/1/13		393.24	
<b>TERMINAL DEVICES HOOKS</b>								
L6703	Terminal device, passive hand/mitt, any material, any size			2 per year	7/1/13		279.60	
L6704	Terminal device, sport/recreation/work attachment, any material, any size			2 per year	7/1/13		463.00	
L6706	Terminal device, hook, mechanical volunt opening, any material, any size, lined/unlined			2 per year	7/1/13		275.85	
L6707	Terminal device, hook, mechanical volunt closing, any material, any size, lined/unlined			2 per year	7/1/13		1162.59	
L6708	Terminal device, hand , mechanical volun opening, any material/size, line/unlined			2 per year	7/1/13		661.29	
L6709	Terminal device, hand , mechanical volun closing, any material/size, line/unlined			4 per year	7/1/13		1070.27	
L6805	Addition to terminal device, modifier wrist unit			2 per year	7/1/13		284.58	
L6810	Additional to terminal device, precision pinch device			4 per year	7/1/13		155.13	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
<b>HANDS</b>								
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device			2 per year	7/1/13		3172.94	
L6882	Microprocessor control feature, add to upper limb			2 per year	7/1/13		2406.81	
L6884	Replacet socket, above el/elbow disarticulation, molded to patient, w/wo ext power			2 per year	7/1/13		1764.98	
L6885	Replacet socket, shoulder, disarticulation, molded to patient, w/wo ext power			2 per year	7/1/13		2542.16	
L6890	Production glove			2 per year	7/1/13		134.47	
L6895	Custom glove			2 per year	7/1/13		489.41	
L6900	Hand restorat thumb/1 finger			2 per year	7/1/13		1270.18	
L6905	Hand restoration multiple fi			2 per year	7/1/13		1246.96	
L6910	Hand restoration no fingers			2 per year	7/1/13		1280.09	
L6915	Hand restoration replacmnt			2 per year	7/1/13		494.92	
<b>BASE DEVICES</b>								
L6920	Wrist disarticul switch ctrl			2 per year	7/1/13		6093.98	
L6925	Wrist disart myoelectronic c			2 per year	7/1/13		6680.77	
L6930	Below elbow switch control			2 per year	7/1/13		5765.06	
L6935	Below elbow myoelectronic ct			2 per year	7/1/13		6821.95	
L6940	Elbow disarticulation switch			2 per year	7/1/13		7515.79	
L6945	Elbow disart myoelectronic c			2 per year	7/1/13		8406.27	
L6950	Above elbow switch control			2 per year	7/1/13		7965.14	
L6955	Above elbow myoelectronic ct			2 per year	7/1/13		9687.11	
L6960	Shldr disartic switch contro			2 per year	7/1/13		10284.41	
L6965	Shldr disartic myoelectronic			2 per year	7/1/13		11780.75	
L6970	Interscapular-thor switch ct			2 per year	7/1/13		12661.94	
L6975	Interscap-thor myoelectronic			2 per year	7/1/13		13978.93	
L7007	Electric hand, switch or myoelectric controlled, adult			2 per year	7/1/13		2867.46	
L7008	Electric hand, switch or myoelectric controlled,pediatric			2 per year	7/1/13		4844.19	
L7009	Electric hook, switch or myoelectric controlled, adult			2 per year	7/1/13		2932.31	
L7040	Prehensile actuator, switch controlled			2 per year	7/1/13		2299.83	
L7045	Electron hook, switch or myoelectric controlled, pediatric			2 per year	7/1/13		1277.84	
L7170	Electronic elbow hosmer swit			2 per year	7/1/13		4635.83	
<b>ELBOW</b>								
L7180	Electronic elbow utah myoele			2 per year	7/1/13		27603.67	
L7181	Electronic elbow, microprocessor simultaneous control of elbow term dev			2 per year	7/1/13		31097.34	
L7185	Electron elbow adolescent sw			2 per year	7/1/13		4746.06	
L7186	Electron elbow child switch			2 per year	7/1/13		7247.62	
L7190	Elbow adolescent myoelectron			2 per year	7/1/13		6179.19	
L7191	Elbow child myoelectronic ct			2 per year	7/1/13		7806.29	
L7260	Electron wrist rotator otto			2 per year	7/1/13		2010.21	
L7261	Electron wrist rotator utah			2 per year	7/1/13		3701.50	
<b>BATTERY COMPONENTS AND REPAIRS</b>								
L7360	Six volt bat otto bock/eq ea			2 per year	7/1/13		236.22	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L7362	Battery chrgr six volt otto			1 per year	7/1/13		212.81	
L7364	Twelve volt battery utah/equ			2 per year	7/1/13		393.37	
L7366	Battery chrgr 12 volt utah/c			1 per year	7/1/13		529.96	
L7367	Lithium ion battery, replacement			2 per year	7/1/13		302.17	
L7368	Lithium ion battery charger			1 per year	7/1/13		391.70	
L7400	Add to upp ext prosth elb/wrst, ultralite material(titanium, carbn fibr, or equal)			2 per year	7/1/13		237.87	
L7403	Add to upper ext prosth elb/wrst disarticulation (acrylic)			2 per year	7/1/13		285.81	
L7499	Upper extremity prosthesis NOS		Y	1 per year	7/1/13		I/C	
L7510	Prosthetic device repair minor parts		Y	5 per year	7/1/13		I/C	
L7520	Repair prosthetic device per 15 min			12 units (3 hrs)	7/1/13		24.57	
<b>BREAST PROSTHESIS</b>								
L8000	Mastectomy bra, w/o intergrated breast form, any size, any type			3 per year	7/1/13		28.87	
L8001	Mastectomy bra, w/integrated form, unilateral, any size any type			2 per year	7/1/13		97.34	
L8002	Mastectomy bra, w/integrated foam, bilateral, any size, any type			2 per year	7/1/13		128.04	
L8010	Mastectomy sleeve			4 per year	7/1/13		50.62	
L8015	Ext breastprosthesis garment			2 per year	7/1/13		46.52	
L8020	Mastectomy form			2 per year	7/1/13		197.79	
L8030	Breast prosthesis silicone w/o adhesive			2 per year	7/1/13		255.99	
L8035	Custom breast prosthesis			2 per year	7/1/13		2843.39	
L8039	Breath prosthesis, NOS			1 per year	7/1/13		I/C	
L8043	Upper facial prosthesis provided by NPP				7/1/13		3000.55	
<b>PROSTHETIC SOCKS</b>								
L8400	Sheath below knee			36 per yr	7/1/13		13.74	
L8410	Sheath above knee			36 per yr	7/1/13		18.33	
L8415	Sheath upper limb			10 per year	7/1/13		18.04	
L8417	Pros sheath/sock w gel cushn			36 per yr	7/1/13		58.31	
L8420	Prosthetic sock multi ply BK			36 per yr	7/1/13		16.19	
L8430	Prosthetic sock multi ply AK			36 per yr	7/1/13		17.50	
L8435	Pros sock multi ply upper lm			12 per year	7/1/13		16.63	
L8440	Shrinker below knee			10 per year	7/1/13		33.07	
L8460	Shrinker above knee			10 per year	7/1/13		52.69	
L8465	Shrinker, upper limb			10 per year	7/1/13		46.65	
L8470	Pros sock single ply BK			72 per yr	7/1/13		5.28	
L8480	Pros sock single ply AK			72 per yr	7/1/13		7.28	
L8485	Pros sock single ply upper l			10 per year	7/1/13		9.14	
L8499	Unlisted Misc prosthetic service		Y	10 per year	7/1/13	I/C	I/C	
L8500	Artificial larynx			1 per year	7/1/13		695.67	
L8501	Tracheostomy speaking valve	Y/12 mos		12 per year	7/1/13		95.51	
L8505	Artificial larynx replacement battery/accessory, any type		Y	5 per year	7/1/13	I/C	I/C	
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each			1 per year	7/1/13		32.51	
L8509	Trach-esoph voice prosthesis, MD inserted, any type, each			2 per year	7/1/13		84.76	

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
L8510	Voice amplifier			1 per year	7/1/13		196.10	
L8511	Indwelling trach insert			50 per year	7/1/13		56.45	
L8512	Gel cap for trach voice pros			50 per year	7/1/13		1.68	
L8513	Trach pros cleaning device, pipet, brush, or equal, replacement only			50 per year	7/1/13		4.04	
L8514	Replace trach puncture dialator			50 per year	7/1/13		73.19	
L8631	MCP joint repl 2 pc or more			50 per year	7/1/13		1671.50	
L8659	Interphalangeal joint replacement			50 per year	7/1/13		1485.77	
L9900	Orthotic and prosthetic supply, accessory, or or service		Y	1 per year	7/1/13	I/C	I/C	
<b>TEMPORARY CODES FOR CAST SUPPLIES</b>								
Q4001	Body cast adult, w or w/o head, plaster		Y		7/1/13	I/C	I/C	
Q4002	Body cast adult, w or w/o head, fiberglass		Y		7/1/13	I/C	I/C	
Q4003	Shoulder cast, adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4004	Shoulder cast, adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4005	long arm cast, adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4006	long arm cast, adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4007	Long arm cast, pediatric (0-10 yrs), plaster		Y		7/1/13	I/C	I/C	
Q4008	Long arm cast, pediatric (0-10 yrs), fiberglass		Y		7/1/13	I/C	I/C	
Q4009	Short arm cast, adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4010	Short arm cast, adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4011	Short arm cast, pediatric (0-10 yrs), plaster		Y		7/1/13	I/C	I/C	
Q4012	Short arm cast, pediatric (0-10 yrs), fiberglass		Y		7/1/13	I/C	I/C	
Q4013	Gauntlet cast (includes lower forearm and hand), adult (11 yrs +) plaster		Y		7/1/13	I/C	I/C	
Q4014	Gauntlet cast (includes lower forearm and hand), adult (11 yrs +) fiberglass		Y		7/1/13	I/C	I/C	
Q4015	Gauntlet cast (includes lower forearm and hand) pediatric (0-10 yrs) plstr		Y		7/1/13	I/C	I/C	
Q4016	Gauntlet cast (includes lower forearm and hand) pediatric (0-10 yrs) fibergls		Y		7/1/13	I/C	I/C	
Q4017	Long arm splint, adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4018	Long arm splint, adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4019	Long arm splint, pediatric (0-10 yrs), plaster		Y		7/1/13	I/C	I/C	
Q4020	Long arm splint, pediatric (0-10 yrs), fiberglass		Y		7/1/13	I/C	I/C	
Q4021	Short arm splint, adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4022	Short arm splint, adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4023	Short arm splint, pediatric (0-10 yrs) plaster		Y		7/1/13	I/C	I/C	
Q4024	Short arm splint, pediatric (0-10 yrs) fiberglass		Y		7/1/13	I/C	I/C	
Q4025	Hip spica (one or both legs), adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4026	Hip spica (one or both legs), adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4027	Hip spica (one or both legs), pediatric (0-10 yrs), plaster		Y		7/1/13	I/C	I/C	
Q4028	Hip spica (one or both legs), pediatric (0-10 yrs), fiberglass		Y		7/1/13	I/C	I/C	
Q4029	Long leg cast, adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4030	Long leg cast, adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4031	Long leg cast, pediatric (0-10 yrs), plaster		Y		7/1/13	I/C	I/C	
Q4032	Long leg cast, pediatric (0-10 yrs), fiberglass		Y		7/1/13	I/C	I/C	



HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
Q4033	Long leg cylinder cast, adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4034	Long leg cylinder cast, adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4035	Long leg cylinder cast, pediatric (0-10 yrs), plaster		Y		7/1/13	I/C	I/C	
Q4036	Long leg cylinder cast, pediatric (0-10 yrs), fiberglass		Y		7/1/13	I/C	I/C	
Q4037	Short leg cast, adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4038	Short leg cast, adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4039	Short leg cast, pediatric (0-10 yrs), plaster		Y		7/1/13	I/C	I/C	
Q4040	Short leg cast, pediatric (0-10 yrs), fiberglass		Y		7/1/13	I/C	I/C	
Q4041	Long leg splint, adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4042	Long leg splint, adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4043	Long leg splint, pediatric (0-10 yrs), plaster		Y		7/1/13	I/C	I/C	
Q4044	Long leg splint, pediatric (0-10 yrs), fiberglass		Y		7/1/13	I/C	I/C	
Q4045	Short leg splint, adult (11 yrs +), plaster		Y		7/1/13	I/C	I/C	
Q4046	Short leg splint, adult (11 yrs +), fiberglass		Y		7/1/13	I/C	I/C	
Q4047	Short leg splint, pediatric (0-10 yrs), plaster		Y		7/1/13	I/C	I/C	
Q4048	Short leg splint, pediatric (0-10 yrs), fiberglass		Y		7/1/13	I/C	I/C	
Q4049	Finger splint, static		Y		7/1/13	I/C	I/C	
Q4050	Cast supplies, for unlisted types and materials of casts		Y		7/1/13	I/C	I/C	
Q4051	Sling supplies, misc (includes thermoplastics, strapping, fasteners, etc.,		Y		7/1/13	I/C	I/C	
<b>TEMPORARY NATIONAL CODES (including incontinence supplies)</b>								
S1015	IV tubing extension set	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	
S1040	Cranial remolding orthosis, rigid, w/soft interface material, custom, fabricated		Y	I/C	7/1/13	I/C	I/C	N
S8100	Holding chamber or spacer for use w/inhaler or neb; w/o mask	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8101	Holding chamber or spacer for use w/inhaler or neb; w/mask	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8120	Oxygen contents, gaseous, refills	Y/12 mos		4 per mo	7/1/13		14.06	N
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	Y/12 mos		300 lbs per mo	7/1/13		0.66	N
S8185	Flutter Device	Y/12 mos		2 per mo	7/1/13		28.08	N
S8186	Swivel adaptor			2 per mo	7/1/13		4.50	N
S8189	Tracheostomy supply, not otherwise classified	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8189	Saline bullets per box of 100	Y/12 mos	Y	I/C	7/1/13		7.31	N
S8189	Cotton Tipped Applicators 6" per box of 100 (sterile only)	Y/12 mos	Y	I/C	7/1/13		4.12	N
S8210	Mucus Trap	Y/12 mos		12 per mo	7/1/13		2.07	N
S8265	Haberman feeders	Y/12 mos		10 per yr	7/1/13		2.17	N
S8420	Gradient pressure aid (sleeve and glove combo), custom made	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8421	Gradient pressure aid (sleeve and glove combo), ready made	Y/12 mos		3 per yr	7/1/13		65.55	N
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8424	Gradient pressure aid (sleeve), ready made	Y/12 mos		3 per yr	7/1/13		52.44	N
S8425	Gradient pressure aid (glove), custom made, medium weight	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8426	Gradient pressure aid (glove), custom made, heavy duty	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8427	Gradient pressure aid (glove), ready made	Y/12 mos		3 per yr	7/1/13		81.49	N

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
S8428	Gradient pressure aid (gauntlet), ready made	Y/12 mos		3 per yr	7/1/13		39.31	N
S8429	Compression bandage, roll	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8430	Padding for compression bandage, roll	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8431	Compression bandage, roll	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
S8450	Splint, prefab, digit		Y	I/C	7/1/13	I/C	I/C	N
S8451	Splint, prefab, wrist or ankle		Y	I/C	7/1/13	I/C	I/C	N
S8452	Sling, prefab, elbow		Y	I/C	7/1/13	I/C	I/C	N
S8999	Resuscitation bag	Y/12 mos	Y	2 per yr	7/1/13		20.43	N
T1999	Miscellaneous therapeutic items & supplies, noc	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N

**INCONTINENCE SUPPLIES**

T4521	Adult sized disposable incontinence product, brief/diaper, small	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.63	N
T4522	Adult sized disposable incontinence product, brief/diaper, medium	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.63	N
T4523	Adult sized disposable incontinence product, brief/diaper, large	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.88	N
T4524	Adult sized disposable incontinence product, brief/diaper, extra large	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.98	N
T4525	Adult sized disposable incontinence product, protective undrwr/pull-on, sm	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.98	N
T4526	Adult sized disposable incontinence product, protective undrwr/pull-on, med	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.98	N
T4527	Adult sized disposable incontinence product, protective undrwr/pull-on, large	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.98	N
T4528	Adult sized disposable incontinence product, protective undrwr/pull-on, XL	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.98	N
T4529	Pediatric sized disposable incontinence product, brief/diaper, sm/medium	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.57	N
T4530	Pediatric sized disposable incontinence product, brief/diaper, large	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.57	N
T4531	Pediatric sized dispos incont product, protective underwear/pull-on, sm/med	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.93	N
T4532	Pediatric sized disp incont product, protective underwear/pull-on, large	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.95	N
T4533	Youth sized disposable incontinence product, brief/diaper, each	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		0.61	N
T4534	Youth sized disposable incontinence product, protective undrwr/pull-on	Y/12 mos		240 per mo/ <b>180 per mo</b>	7/1/13		1.00	N
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Y/12 mos		200 per mo	7/1/13		0.37	N
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	Y/12 mos		24 per yr	7/1/13		7.69	N
T4537	Incontinence product, protective underpad, reusable, bed size, each	Y/12 mos		24 per yr	7/1/13		8.92	N
T4539	Incontinence product, diaper/brief, reusable, any size, each	Y/12 mos		24 per yr	7/1/13		5.92	N
T4540	Incontinence product, protective underpad, reusable, chair size, each	Y/12 mos		24 per yr	7/1/13		6.66	N
T4541	Incontinence product, disposable underpad, large, each	Y/12 mos		135 per mo/ <b>100 per mo</b>	7/1/13		0.51	N
T4542	Incontinence product, disposable underpad, small, each	Y/12 mos		135 per mo/ <b>100 per mo</b>	7/1/13		0.50	N
T4543	Incontinence product, brief/diaper, bariatric, each	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N
T5999	Supply, not otherwise specified	Y/12 mos	Y	I/C	7/1/13	I/C	I/C	N

**NATIONAL T-CODES**

T5001	Positioning seat for special orthopedic needs - Small (for feeding issues only - includes access		Y		7/1/15	217.36	2173.60	N
T5001	Positioning seat for special orthopedic needs - Small Hi/Lo(for feeding issues only - includes		Y		7/1/15	289.96	2899.60	N
T5001	Positioning seat for special orthopedic needs - Med (for feeding issues only - includes accesso		Y		7/1/15	223.86	2238.60	N
T5001	Positioning seat for special orthopedic needs - Med Hi/Lo(for feeding issues only - includes a		Y		7/1/15	305.11	3051.10	N
T5001	Positioning seat for special orthopedic needs - Lge (for feeding issues only - includes accessoi		Y		7/1/15	239.14	2391.35	N
T5001	Positioning seat for special orthopedic needs - Lge Hi/Lo(for feeding issues only - includes a		Y		7/1/15	353.54	3535.35	N
K0900	Customized DME, other than wheelchair - Specialized Adaptive Car Seat		Y		9/1/17	I/C	I/C	N

HCPCS	Description	Prescription /CMN Frequency	PA	Limits	Price Effective Date	Rental Price (RR)	Max Purch Price (NU)	Medicare Coverage
		<b>PROSTHETIC EYES</b>						
V2623	Prosthetic, eye, plastic, custom made			1 each	7/1/13		709.66	
V2624	Polishing/Resurfacing of ocular prosthesis				7/1/13		64.18	
V2625	Enlargement of ocular prosthesis				7/1/13		292.61	
V2626	Reduction of ocular prosthesis				1/1/13		157.73	
V2627	Scleral cover shell				1/1/13		1018.69	
V2628	Fabrication and fitting of ocular conformer				1/1/13		240.53	
V2629	Prosthetic, eye, not otherwise classified		<b>Y</b>		1/1/13	I/C	I/C	

**NOTES:**

**\*\*Procedure codes in orange should be submitted to Telligen--443.561.3400**

**\*\*Please note change in pulse irrigation systems codes. Codes E0350 and E0352 are discontinued. A4459 will be used to include the system and supplies, all inclusive.**

**\*\* When billing pulse oximeters please submit orders that specifically state whether hand-held or home model is needed**

**\*\* When billing apnea monitors please submit orders that specifically state whether the recording feature is needed**

**\*\*When billing repairs, please send invoice/repair ticket stating what has to be repaired**

**\*\*Please include face-to-face evaluations with PA request for all HCPCS specified by CMS/Medicaid**

**\*\*Please review PA column. Some codes no longer require prepayment authorization**

**\*\*To assist in the expeditious processing of your request, ALWAYS send current clinical and/or PT notes when requesting mobility :**

**\*\*All incontinence pants for recipients 16 yrs or older have a direct bill maximum limit of 180 per month/ underpads 100 per month**

**\*\*All incontinence pants for recipients 3-15 yrs old have a direct bill maximum limit of 240 per month/underpads 135 per month**

**\*\*Verify EVS before dispensing any item. Also, ensure with recipient that supplies have not been received from another provider within 30 days**

**\*\* For payment methodologies on I/C codes and detailed payment procedures, please see COMAR 10.09.12.07 and 10.09.18.07**

**\*\* Please visit <http://mmcp.dhmm.maryland.gov/communitysupport/SitePages/Home.aspx> for provider updates and revised DHMH-4527**

**\*\* When billing by paper or electronically, please leave the area reserved for Pre-Auth blank if a preauthorization is not required**

**\*\* Please see COMAR 10.09.12.04E(2). Provider must relay to the recipient that the equipment has been purchased by Medicaid and remains the property of DHMH**

**\*\* Please see COMAR 10.09.12.03H & 10.09.12.07O for recycling regulations. Please ensure that recipient knows to call the provider when equipment/supplies are no longer needed**

**\*\* To prevent a delay in processing your request, please include invoice or MSRP information for items that are considered I/C**